

2018 CREDIT CARD AUTHORIZATION FORM



TEAM NAME: _____

DRIVER OF RECORD: _____

CAR # (S): _____

CREDIT CARD AUTHORIZATION FORM

Race Event: _____

Customer Information:

Cardholder Name:		Cust. #	
Address:			
City, State, Zip:			
Phone:			
Email address:			
Shipping Name:			
Address:			
City, State, Zip			
Phone:			
*Credit Card #:			
*Exp. Date:			
*CID #:			

PLEASE CHECK ONE:

One time authorization

Blanket authorization

* Effective Date: _____

*Termination Date: _____

*Maximum Allowable Charge Per Transaction: _____

By signing below I authorize Amber Racing Services/Dion & Sons Inc to charge the above credit card.

Credit Card Holder's Signature

Date

FOR ANY QUESTIONS REGARDING THIS FORM, PLEASE CONTACT VP RACING FUELS AT 562-432-3946 EXT 3041. COMPLETED FORMS CAN BE SUBMITTED TO VP VIA FAX 562-432-7969 OR EMAILED TO CCHAVEZ@DIONANDSONS.COM. FOR CHECK PAYMENTS ON-SITE, PLEASE COMPLETE ALL BILLING AND CONTACT INFORMATION AND WRITE "PAY BY CHECK" IN PLACE OF CREDIT CARD INFORMATION. CHECKS WILL NEED TO BE RECEIVED BY VP BEFORE FUEL IS DELIVERED.