

## **Credit Card Authorization Form**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO RJS Racing Equipment, LLC

ALL information will remain confidential

Cardholder Name:					
Billing Address:					
Email Address:					
Credit Card Type: _	Visa	MasterCard	Discover		
Credit Card Number:					
Expiration Date:					
Card Identification Numb	er (last 3 digit	s located on the ba	ck of the credit car	d:	
Phone Number:					
Estimate charge INCLUDI	NG shipping: _		(USD)		
I authorize RJS Racing Equ agree that I will pay for th				-	-
Signed:					
Dated:					
Name:					
Once signed return the co	ompleted forn	n to:			
RJS Racing Equipment, LL	с				
By Fax 1-561-747-7529					
OR					
Email at Order@rjsracing	.com				