



RADICAL NORTH AMERICA CUP TIRE ORDER AND PAYMENT FORM

Team Name _____ Race _____ Date _____

If shipping to you, put address here: _____

Car #	Driver Name	SR3/SR83 Slick Sets	SR3/SR83 Wet Sets	RXC Slick Sets	RXC Wet Sets

BILLING INFORMATION

Name on Bank Account or of Credit Card Holder: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Email _____

PAYMENT INFORMATION

Bank Transfer (ACH) - free

Routing # _____ Bank Account # _____

Account Holder: Consumer Business Account Type: Checking Savings

Credit Card – 2.5% fee: Type: MasterCard Visa American Express Discover Card

Number: _____ Expiration Month: _____ Expiration Year: _____

Security Code: _____

You agree to let us, Hankook Motorsports, make a one-time electronic debit from your bank account or a one-time charge on your credit card on or after today's date. If you have any questions about this debit or charge, you can reach us at 800-287-5013.

Signature X _____ Date _____