



MARYLAND PERFORMANCE PRODUCTS CREDIT CARD AUTHORIZATION FORM

Cardholder Information

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Direct Telephone: (____) _____ - _____

Credit Card Information

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code (3 digit code, or 4 digit Amex): _____

I _____ authorize Maryland Performance Products the use of this card for future shipments

Cardholder Name X _____

Cardholder Signature X _____ Date __/__/__

***Please sign and email this form to Sales@MarylandPerfDiesel.com**

539 Salmon Brook St. • Granby, CT 21090 • Phone 410-354-0340
EMAIL: Sales@MarylandPerfDiesel.com