



CREDIT CARD AUTHORIZATION FORM

In lieu of my credit card imprint. I _____, hereby authorize Klassik Räder or their representative to charge my credit card for the amount shown below. By signing below, I acknowledge the charges as outlined below.

CARD HOLDER NAME: _____

CARD TYPE: (please circle) **VISA** **MASTERCARD** **AMEX** **OTHER**

CARD # _____ **EXP:** ___/___/_____ **CVV:** _____

TOTAL AMOUNT AUTHORIZED TO CHARGE CARD ABOVE

\$ _____ for the purchase of _____

CREDIT CARD BILLING ADDRESS

ORDER SHIP TO ADDRESS

CONTACT PHONE NUMBER: _____

CONTACT EMAIL ADDRESS: _____

SIGNATURE: _____ **DATE:** ___/___/_____

KEEP THIS CARD ON FILE FOR FUTURE USE: Y / N

Upon completion of this form, please email a copy of this form to sales@klassikrader.com along with a copy of your driver's license and the credit card used for this transaction.