

CREDIT CARD AUTHORIZATION FORM

(note that ProRaceStore charges will show as Distribution/Fulfillment Services)

<i>Photocopy of Credit Card</i>	<i>Card Number:</i>
	<i>Expiration Date:</i> <i>CVV Code:</i>
	<i>Card Holder's Name:</i>
	<i>Company Name/Team Name:</i>
	<i>Issuing Bank Name (International Only):</i>

<i>Photocopy of Driver's License</i>	<i>CC Billing Address:</i>
	<i>City:</i>
	<i>State:</i> <i>Zip:</i>
	<i>Phone Number: () -</i>

It is DFS Inc.'s policy to have a credit card on file for all Internet and terms customers. Transactions on this credit card are authorized for, but not limited to: credit card purchases, NSF checks (plus \$25.00 NSF fee), failure for payment on first-time C.O.D., and any balance over 60 days past due. I hereby authorize DFS Inc. to retain my credit card information as a guarantee on my account.

Print Name

Signature

Date

Please return via fax to (309) 691-8796 or email to: sales@proracestore.com