CREDIT CARD AUTHORIZATION

Must be filled out clearly and completely to receive warranty consideration. Please print in black or blue ink only.
NOTE: WARRANTY CLAIMS CAN TAKE UP TO 120 DAYS.

VELOCITY
VEHICLE GROUP

I _____ authorize Velocity Vehicle Group (and their divisions)
to charge my credit card (☐ Visa ☐ Mastercard ☐ American Express).
Account # _____ Verification Code _____ Expiration Date _____

I authorize charges in the amount of $ _____

Please fax, on a letterhead copy of the front and back of your credit card.

I acknowledge that these charges are for the following:

_____

_____

_____

_____

All questions or disputes regarding purchases or services provided by Velocity Vehicle Group are to be resolved and directed to the Department Manager in which the purchases/services were performed.

Velocity Vehicle Group agrees to accept the above credit card as payment for the goods described, without recourse. Please supply mailing address where statements are sent. Approval for charge will only be after address is verified with your credit card company and the amount is authorized.

_____ _____
Signature of Cardholder Address where statement is mailed

_____ _____ _____ _____
Print Name City State Zip

Date _____

Please verify fax number for the location and department you are dealing with, all paperwork must be addressed to that dept.

ALL CREDIT CARD AUTHORIZATION FORMS MUST GO THROUGH AN ADDRESS VERIFICATION PROCESS BEFORE TRANSACTION IS COMPLETE, NO EXCEPTIONS.