



Location: 38 Meadow Road, Florida, NY 10921
Mailing: P.O. Box 550, Florida, NY 10921
FAX COMPLETED FORM TO
Sales Dept Fax# (845) 651-1200
DO NOT EMAIL

Customer Name or ID \_\_\_\_\_

CREDIT CARD HOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint, I \_\_\_\_\_,
(Name of cardholder as shown on Credit Card)

hereby authorize BEHRENT'S SPEED CENTER to charge my
Visa, Mastercard, Discover \_\_\_\_\_
(Please Circle One above) (Credit Card Number)

VIN Code (last 3 digits on back of card) \_\_\_\_\_ (Expiration Date - Month/Year)

Bill To:
Name: \_\_\_\_\_
Company: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_
Fax: \_\_\_\_\_

Ship To (If Different):
Name: \_\_\_\_\_
Company: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_
Fax: \_\_\_\_\_

Please CHECK ONE payment option:
[ ] For ALL present and future transactions
[ ] For THIS TRANSACTION ONLY

in the amount of \$ \_\_\_\_\_ for payment of
(Print Clearly USD)
\_\_\_\_\_ and any additional charges resulting
(Sales Order or Service or Account No)

from this transaction (e.g. expendables, Missing/Damaged Equipment, shipping charges or equipment additions.)

Sales Return Policy

Returns are subject to restocking fees. These fees will be deducted from any customer refund amount.

X \_\_\_\_\_ (Signature of Cardholder) \_\_\_\_\_ (Date)

NOTE: IDENTIFICATION IS REQUIRED, PLEASE PROVIDE A PHOTOSTAT COPY OF THE CREDIT CARD (FRONT & BACK) AND DRIVER'S LICENSE OF CARDHOLDER.