

DATE _____ (YYYY-MM-DD)



CREDIT CARD AUTHORIZATION FORM

I, *(first name, last name)* _____
RESIDING AT *(Address)* _____ ,
IN THE CITY/TOWN _____ , ZIP/POSTAL CODE _____
STATE _____ telephone number _____

CERTIFY THAT I AM THE AUTHORIZED HOLDER AND SIGNER OF THE CREDIT CARD ATTACHED,
I ALSO CERTIFY THAT ALL INFORMATION ABOVE IS COMPLETE AND ACCURATE,
I HEREBY AUTHORIZE **JDM RACING MOTORS INC** TO CHARGE MY CREDIT CARD FOR THE
AMOUNT \$ _____

TO BE SHIPPED TO THE FOLLOWING ADDRESS

NAME / COMPANY NAME	
TELEPHONE	
SHIPPING ADDRESS	
SHIPPING CITY	
SHIPPING ZIP/POSTAL CODE	
SHIPPING STATE	

You MUST submit a copy of the following with this form:

A copy of one piece of government issued photo ID

A copy of the credit card (front and back)

CARD HOLDER NAME _____

CARD HOLDER SIGNATURE _____

DATE _____

Please send us a clear copy of this form to JDM RACING MOTORS INC
email: info@jdmracingmotors.com – fax: 514-327-3680