

**CREDIT CARD AUTHORIZATION FORM**

# Customers Outside of the United States

**Complete this form and fax to USA 217-233-0008**

*or email to OEM@worldofpowersports.com*

On a separate page, include a copy of:

1. Credit card, front and back. Set copier to light or image will appear to dark to read.
2. Copy of photo ID, such as driver's license or Passport.

ORDER NUMBER / COMPANY NAME \_\_\_\_\_ (if applicable)

I, \_\_\_\_\_, hereby authorize World of Powersports to charge my credit card account in the amount of \$\_\_\_\_\_.

Visa     MasterCard     American Express     Discover     Debit Card

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_

**ADDRESS INFORMATION**

Credit Card Billing Information	Requested Shipping Address
Name: _____	Name: _____
Street: _____	Street: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
Telephone: (____) ____ - _____	Telephone: (____) ____ - _____

I hereby authorize delivery of merchandise to the shipping address above which is not my credit card billing address. I agree that I will pay for this purchase and indemnify and hold World of Powersports, Inc harmless, against any liability pursuant to this authorization. I understand that my signature on this form along with a copy of my credit card and a picture I.D. will serve as my authorized signature on the credit card charge slip. I understand and agree to the terms and conditions as outlined at [www.worldofpowersports.com/terms.htm](http://www.worldofpowersports.com/terms.htm) and all sales are final after 30 days.

**SIGNATURE RELEASE**

World of Powersports requires a signature upon delivery unless a waiver is authorized.

I hereby authorize merchandise to be left at my credit card billing address or other shipping address as indicated above without obtaining a signature. I agree that I will pay for this purchase and indemnify and hold World of Powersports harmless, against any liability pursuant to this authorization. I understand that my signature on this form along with a common carrier delivery notification will suffice as proof of delivery.

Print Cardholder's Name \_\_\_\_\_

**X** \_\_\_\_\_

Cardholder's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date

**Return policy: All sales are final after 30 days. 20% Restock fee on all Returns.**

**Fax completed form, copy of credit card and photo ID to 217-233-0008**