



CREDIT CARD PROCESSING AUTHORIZATION

I _____ do hereby authorize Gulf Tire Distributors to process my credit/debit card as a method of payment for all outstanding invoices.

Company Name _____
Credit Card Type: _____ CC# _____ - _____ - _____ CVV# _____
Exp. Date: ____/____/____ Credit Card Issuing Bank: _____
Name as it appears on card: _____
Credit Card Billing Address: _____
City: _____ State: _____ Zip: _____
Telephone #: () _____ Extension _____
E-Mail _____
Card Holder Signature _____ Date _____

*****Note: There will be a 4% Service Charge applied to all credit card payments.*****

*I do hereby Authorize GULF TIRE DISTRIBUTORS to charge my transactions to a credit card. I also authorize to charge my credit card for any event arose by NON-SUFFICIENT FUND (NSF) Check and refused order shipments (freight, special order, restocking fees).I understand the amount charged to my credit card will be reflected on my credit card statement within Seven days of Authorization. The amount charged is based on products or services requested by me or my company and prices quoted by a Gulf Tire Distributors employees or stated on www.Gulftires.com

PLS INCLUDE A COPY OF FRONT AND BACK OF THE CREDIT CARD, ALONG WITH COPY OF DRIVERS LICENSE.

!! NO EXCEPTIOS!!

ATLANTA

CHARLOTTE

DALLAS

SAN ANTONIO

HOUSTON

LOUISIANA

WEB: www.Gulftires.com