

Credit Card Purchase Policy

This form must be completed in its entirety for order to be processed.

Fax it to: 305-593-0684

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud.
All information entered on this form will be kept strictly confidential.

Company Name:			
Contact Person:		Phone:	Fax:
Address:			
City, State, Zip:			

This document certifies that I, _____
authorize **MOD Cycles Corporation** to charge my credit card for this transaction.

Reference	Amount US\$

CREDIT CARD INFORMATION

Name as it appears on card: _____

Credit Card Type: VISA MASTERCARD AMEX OTHER _____

Credit Card Number:

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Expiration Date:

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 Security Code*:

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*For your safety and security, MOD Cycles requires that you enter your card's security code.
Visa, MasterCard, Discover: 3-digit number printed on the back of your card. It appears after and to the right of your card number.
American Express: 4-digit number printed on the front of your card. It appears after and to the right of your card number.

CREDIT CARD BILLING ADDRESS

Address	
City, State, ZIP	

Signature: _____

Date: _____