



MOTORSPORTS

8967 Gilder Rd Suite A
Houston, TX 77064-1286
281-890-4772

Credit Card Authorization Form

Name as on card: _____

If company card, name of company: _____

Billing Address:

Street: _____

City: _____ State: _____ Post Code: _____

Country: _____

Phone Number on file with card issuer: _____

Contact phone number: _____

Email Address: _____

Shipping Address (if different than billing address):

Street: _____

City: _____ State: _____ Post Code: _____

Country: _____

Type of Credit Card (circle one) VISA MASTERCARD

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

Initial whichever applies:

I authorize this card for a single transaction: _____

Transaction amount: _____

I authorize this card to be kept on file for future transactions: _____

Is PO Required for orders? _____

This authorization expires on: _____

By filling out and signing this form, I authorize Automotive Partners LLC; dba Kozmic Motorsports, to debit my account for the amount of _____.

Name (printed): _____

Signature: _____ **Date:** _____

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