Authorization to C	narge
Complete this form and fax	x to USA (888) 273-8606 or 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 licens	se or Passport.
ORDER NUMBER / COMPANY NAME	(if applicable)
l,	, hereby authorize World of Powersports to charge my credit
card account in the amount of \$	
	American Express
Credit Card #	
□ Visa □ MasterCard □ Credit Card # ADDRESS INFORMATION	American Express
□ Visa □ MasterCard □ Credit Card # ADDRESS INFORMATION Credit Card Billing Information	American Express Discover Debit Card Exp Date:/ Requested Shipping Address
□ Visa □ MasterCard □ Credit Card # ADDRESS INFORMATION Credit Card Billing Information	American Express
□ Visa □ MasterCard □ Credit Card # ADDRESS INFORMATION	American Express Discover Debit Card Exp Date:/ Requested Shipping Address
□ Visa □ MasterCard □ Credit Card #	American Express Discover Debit Card Exp Date:/ Requested Shipping Address Name:
□ Visa □ MasterCard □ Credit Card #	American Express Discover Debit CardExp Date:/ Requested Shipping Address Name: Street:

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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 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	<u> </u>
Cardholder's Signature	Date
Return policy: All sales are final after 30 day	s. 20% Restock fee on all Returns.

Fax completed form, copy of credit card and photo ID to (888) 273-8606

NOTICE TO DEBIT CARD HOLDERS

We recommend NOT using Debit Cards for transactions because your bank may charge overdraft fees on your account due to charges we may make. We WILL NOT be responsible for any overdraft fees on your account - even if we charge the card for the wrong amount - we will promptly apply a credit when notified but WILL NOT reimburse Overdraft Fees.