



3670 Ruffin Road, San Diego, CA 92123-1810
(800) 748 5750 FAX (800) 242 4626
southern@southernms.com
www.southernms.com

CREDIT CARD AUTHORIZATION

This authorizes Southern Motorcycle Supply, Inc. to charge the following credit card for purchases, less credits. I understand that a statement will be faxed/mailed listing all of the invoice amounts included in the charge. ***All information on form must be filled out completely with signature of cardholder to be valid.***

I will notify Southern in writing if I wish to change the card being used, or revert to paying by check.

Company Information

Name, Title _____ (payee, or responsible party)
Company Name _____
Street Address _____ Phone# _____
City, State, Zip _____ Fax # _____
Email address to receive confirmation of charges (optional):

CREDIT CARD American Express/VISA/MasterCard # _____

*Personal Card _____ Business Card _____ (check one)
*Credit Card _____ Debit Card _____ (check one)

Exp.(mm/yy)_____ CVV2# _____ (security code/last 3(4 for AEX) digits on back of card in signature line)

Daily Charge Limit \$ _____

Name/Names exactly as printed on card _____

Credit Card Statement Billing Address _____

City, State, Zip _____

Cardholder Signature _____ Date _____

***Optional Second Card:**

CREDIT CARD American Express/VISA/MasterCard # _____

*Personal Card _____ Business Card _____ (check one)
*Credit Card _____ Debit Card _____ (check one)

Exp.(mm/yy)_____ CVV2# _____ (security code/last 3(4 for AEX) digits on back of card in signature line)

Daily Charge Limit \$ _____

Name/Names exactly as printed on card _____

Credit Card Statement Billing Address _____

City, State, Zip _____

Cardholder Signature _____ Date _____