



CREDIT CARD AUTHORIZATION

Company Information

Company Name _____

Contact _____

Street Address _____

City _____ State/Province _____ Postal _____

Country _____ Email _____

Phone # _____ Fax # _____

Card Information

Visa Mastercard American Express Other _____

Card # _____ Exp _____ CID _____

Billing Address Same as Above

Billing Name _____

Billing Contact _____

Billing Street Address _____

Billing City _____ State/Province _____ Postal _____

Country _____ Email _____

Billing Phone # _____ Billing Fax # _____

Authorization

I authorize Softride, Inc. to charge \$ _____ to the credit card listed above.

Print Name

Signature

Date

*Fax this form to 1-360-647-1884 along with
a copy of the front and back of the credit card listed above and the driver's license of the card holder.
Incomplete or inaccurate information will delay processing of the order.*