



OWI Specialized, Inc.

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CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize OWI Specialized, Inc. to charge my Credit Card as detailed below. I agree that this form will act as a substitution for the UCC form. I take full financial responsibility should any problems arise with the credit card company. I acknowledge that the details and terms and conditions under which I am purchasing general merchandise/Service or Data are my obligations as a buyer/Client have been fully explained to me. I also understand that any Banking Fees payable will be added to the amount maximum 3.5%.

Credit Card: (Check one)

_____ Amount Authorized

MasterCard Visa AMEX Discover

Credit Card Account Number (do not skip any spaces)

Expiration Date

_____ (Month/Year)

Print your Full Name as it appears on the card

_____ 3 or 4 Digit Security Code

_____ Signature

_____ Driver License Number & Issuing State

_____ Billing Address

_____ City

_____ State/Prov. Zip/Postal Code

_____ Telephone

_____ E-mail

Please provide Copy of Credit Card (Front & Back) and Drivers License of the card Holder

For Official Use

_____ Authorization Number

_____ Date

_____ Approved By