

# CREDIT CARD AUTHORIZATION FORM



## FILLING OUT THIS CREDIT APPLICATION WILL OPEN CREDIT FOR YOU AT THE FOLLOWING COMPANIES:

- Velocity Truck Centers  
CA - Whittier, Fontana, Hesperia, San Diego, Ontario, Carson, Oxnard  
AZ - Tolleson, Flagstaff, Chandler, Tucson, NV - Las Vegas, Sparks
- Miramar Truck Body and Equip.
- Velocity Truck & Trailer Parts Whittier, Ontario, El Centro, Nogales AZ
- SelecTrucks of L.A.
- Velocity Truck Rental & Leasing  
City of Industry, Rancho Dominguez, Fontana,  
San Diego, Las Vegas NV, Chandler AZ, Tolleson AZ
- SportTruckRV Chandler
- BusWest Carson, Fontana, Woodland, Fresno, Hawaii
- TransWest Truck Center Fontana

## FOR OFFICE USE ONLY

Employee ID \_\_\_\_\_  
Invoice# \_\_\_\_\_  
Location/Dept \_\_\_\_\_  
Customer# \_\_\_\_\_

PLEASE FAX BACK TO: 866-872-6721

Please print in black or blue ink only.

PLEASE INCLUDE A COPY OF FRONT AND BACK OF CREDIT CARD AND PICTURE I.D.

I \_\_\_\_\_ authorize Velocity Vehicle Group (and their affiliates) to charge my credit card (  Visa  Mastercard  American Express ).  
Account # \_\_\_\_\_ Verification Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

I authorize one time charges in the amount of \$ \_\_\_\_\_ please keep credit card on file (  )

Add password to account \_\_\_\_\_

NOTE: IF YOU CHECK KEEP THIS ON FILE, IT MAY BE USED AT ALL VVG LOCTIONS

I acknowledge that these charges are for the following: Authorized Users: (Customers responsibility to keep list updated)

_____	_____
_____	_____
_____	_____
_____	_____

All questions or disputes regarding purchases or services provided by Velocity Vehicle Group are to be resolved and directed to the Department Manager in which the purchases/services were performed.

Velocity Vehicle Group agrees to accept the above credit card as payment for the goods described, without recourse. Please supply mailing address where statements are sent. Approval for charge will only be after address is verified with your credit card company and the amount is authorized.

\_\_\_\_\_  
Signature of Cardholder Company Name

\_\_\_\_\_  
Print Name Address where statement is mailed

\_\_\_\_\_  
Date Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Undersigned hereby authorizes to share information on this form with all affiliates of Velocity Vehicle Group

Please verify fax number for the location and department you are dealing with, all paperwork must be addressed to that dept.

ALL CREDIT CARD AUTHORIZATION FORMS MUST GO THROUGH AN ADDRESS VERIFICATION PROCESS BEFORE TRANSACTION IS COMPLETE, NO EXCEPTIONS.