

Credit Card Authorization

Dealer Name: _____

Dealership Address: _____

(all orders will be shipped to this address only) _____

Phone Number: _____

Name on the credit card Account: _____

Credit Card Billing Address: _____

Visa

Mastercard

American Express

Account Number: _____ Exp: _____

Optional Second Credit Card

Visa

Mastercard

American Express

Account Number: _____ Exp: _____

Card Holder Signature: _____

I authorize Sudco International Corp. to charge the above credit card(s) for purchases and shipments to the above motorcycle shop/ dealership.

Complete form and return to:
Sudco International Corp, 3014 Tanager Ave, Commerce, CA 90040
Tel:323-728-5407 FAX:323-728-8060

SUDCO

Should you prefer COD, please check here.