

# 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 CORPORATION, 2410 S. SEQUOIA DRIVE, COMPTON, CA 90220  
TEL: 310-637-8330 FAX: 310-637-8331



Should you prefer COD, please check here.