

DATE _____ (YYYY-MM-DD)



PAYMENT AUTHORIZATION FORM

I, *(first name, last name)* _____
RESIDING AT *(Address)* _____ ,
IN THE CITY/TOWN _____ , ZIP/POSTAL CODE _____
STATE _____ telephone number _____

CERTIFY THAT I AM **THE AUTHORIZED HOLDER AND SIGNER** OF THE CREDIT CARD ATTACHED,
I ALSO CERTIFY THAT ALL INFORMATION ABOVE IS COMPLETE AND ACCURATE,
I HEREBY AUTHORIZE **JDM RACING MOTORS INC** TO CHARGE MY CREDIT CARD FOR THE
AMOUNT \$ _____

TO BE SHIPPED TO THE FOLLOWING ADDRESS

NAME / COMPANY NAME			
TELEPHONE			
ADDRESS			
CITY			
ZIP/POSTAL CODE		STATE/PROVINCE	

You MUST submit a copy of the following with this form:

Copy of one piece of government issued photo ID	<input type="checkbox"/>
Copy of the credit card (front and back)	<input type="checkbox"/>

CARD HOLDER NAME _____

CARD HOLDER SIGNATURE _____ DATE _____

If the billing address for the card is different than the residential address above please provide your
billing address below:

BILLING COMPANY _____ (if credit card is billed to a company)

BILLING ADDRESS _____

BILLING STATE _____ BILLING ZIP/POSTAL CODE _____

Please send us a clear copy of this form to JDM RACING MOTORS INC
email: info@jdmracingmotors.com – fax: 514-327-3680