

Credit Card Authorization

DATE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

COMPANY NAME: _____

ORDER NUMBER: _____

CHARGE AMOUNT (US\$): _____

INVOICE #: _____

**** PLEASE INFORM THE 3 DIGITS ON THE BACK OF THE CARD.**

**** PLEASE SEND COPY OF THE DRIVER LICENSE AND CREDIT CARD**

PLEASE FAX THE DOCUMENTS TO CENTRAL TURBOS AT 305 591 9372

BILL TO ADDRESS: _____

SHIP TO ADDRESS: _____

I authorize CENTRAL TURBOS to charge my VISA MasterCard account.

Name & Title of Cardholder (please print)

Signature

FLORIDA

1951 NW 97th Ave - Doral FL 33172

Phone: +1 305 406 3933 - Fax: +1 305 591 9372

VIRGINIA

5721 Charles City Circle - Richmond, VA - 23231

Phone: +1 804 477 6878 - Fax: +1 804 477 6879

TOLL FREE
1-877-44TURBO