



INSTRUCTIONS

PLEASE FILL OUT THE INFORMATION BELOW AND FAX TO **786-345-6398**

PROVIDE COPIES OF:

- BUSINESS LICENSE
- TAX CERTIFICATE FORM
- BUSINESS CARD

Sales Rep: _____

COMPANY NAME: _____

PHONE#: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT NAME: _____ TITLE: _____

E-MAIL: _____ WEBPAGE: _____

PAYMENT TERMS: ALL ORDERS MUST BE PREPAID. WE DO NOT SHIP COD.

American Force Wheels does not offer COD or open account terms. All orders must be prepaid by either credit card, bank wire transfer or a mailed in cashier's check. With this application a credit card can be placed in association with your account and all orders can be paid for with this credit card.

CREDIT CARD INFORMATION:

NAME ON CARD: _____

CREDIT CARD#: _____

EXPIRATION DATE: _____ SECURITY CODE (CCV) _____

CREDIT CARD BILLING INFO:

BILLING ADDRESS: _____

BILLING CITY: _____ BILLING STATE: _____ BILLING ZIP: _____

SIGNATURE: _____



12019 SW 114 PLACE MIAMI, FLORIDA 33176

PHONE: 800-620-6259

VOICE: 786-345-6301

FAX: 786-345-6398

CREDIT CARD AUTHORIZATION FORM

I give American Force Wheels authorization to charge my credit card for the following amount

\$ _____

PAYMENT METHOD

VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS ___

CREDIT CARD INFORMATION:

NAME ON CARD: _____

CREDIT CARD#: _____

EXPIRATION DATE: _____ SECURITY CODE (CCV) _____

CREDIT CARD BILLING INFO:

BILLING ADDRESS: _____

BILLING CITY: _____ BILLING STATE: _____ BILLING ZIP: _____

SIGNATURE: _____