

Telephone: 818-352-8717
Facsimile: 818-352-8119

PO Box 190
Tujunga, CA 91043

8/9/2011

Please complete this form, sign and fax back to Yourtireshopsupply.com to 818-352-8119

Billing Address: (for Credit Card)

Street:

City:

State:

Zip:

CVV2/CID:

I hereby authorize Yourtireshopsupply.com to charge my Visa/MasterCard/American Express/Discover Card with the last four digits of _____ for the amount of \$_____.__ .

Cardholder Name

Cardholder Signature

Date

Please also fax us a copy of the credit card and your drivers' license

Internal Use Only:

Card #: - - -

Exp Date: /