



Credit Card Authorization Form

1301 E. ORANGETHORPE, SUITE O, FULLERTON, CA 92831
714.742.6858

DATE: _____

I, _____, hereby authorize Dragonfly Cycle Concepts, to charge my credit card.

CARD TYPE (circle one):



CARD HOLDER NAME (as it appears on card): _____

CARD NUMBER: _____

EXP DATE: _____

CVV Code: _____

CARD HOLDER BILLING ADDRESS: _____

CARDHOLDER'S SIGNATURE _____

COMPANY NAME _____

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As the credit card holder, I also authorize Dragonfly Cycle Concepts to charge my card for future purchases placed by me.

AUTHORIZATION VALID UNTIL: ____/____/____

INITIALS HERE: _____