



Tire Medic: Div of: All-Seal Corp
Office: 1-800-993-4007 - Fax: 1-615-679-3885

CREDIT CARD AUTHORIZATION FORM

Date: _____

Company Name: _____

Name on Card: _____

Billing address: _____

City: _____ State: _____ Zip: _____

Type of card: Visa ____ MasterCard ____ AMEX ____

Amount to be charged: \$_____

Invoice #: _____

Authorized Signature: _____

Date: _____

Sales Rep: _____

Fax the completed form to (615) 679-3885 or email: sales@tiremedic.com

All information submitted herewith will be held in strictest confidence.

Office use only:

Authorization # _____

Date: _____