



CREDIT CARD AUTHORIZATION FORM

By signing this form, I authorize Tomali Bikes to charge my credit card for the specified amount. I further acknowledge that I have read and agree to all terms and conditions of the sale as described on Tomali Bikes website, www.tomaliscooters.com

Billing Information:

Cardholder Name:		Card Type:	
Card Number:		Expiration Date:	
Card Code:		(last 3 digits on the back of your Visa, MC. 4 digits)	

I authorize Tomali Bikes to charge my credit card for : US\$ _____ (specified Amount)

Shipping Information:

	Billing Address	Shipping Address * (if Different)
Street Address		
Address Line 2		
City, State, Zip		

*Please note that if the shipping address you specify is different from the billing address, you will need to call your credit card company and ask to add the shipping address as an approved ship to address. We will call the card company to verify.

Contact Information:

Home Phone: _____ Other Phone: _____
Email Address: _____ Phone Type: Cell Work

Product Information:

Product Name	Model Number	Quantity	Price	Color	Total

Signature: _____ Date: _____

Print Name: _____

FUTURE CHARGES

_____ By my initials, I indicate that in order to avoid having to fill out and fax for every change to my credit card account, I authorize Tomali Bikes to use put this signature on file for future use.

PLEASE FAX TO: TOMALI BIKES @ 651-342-1536
QUESTIONS, CONTACT US AT: 866-566-8194 OR 651-967-7288

FOR INTERNAL USE:

Auth#:		Date		Address Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
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