

CREDIT CARD AUTHORIZATION FORM

Customers Outside of United States of America

Complete form and fax to 1-954-785-2535 or email to orders@rivamotorsports.com

On a separate page, include a copy of:

1. Credit card, front and back. Set copier to light or image will appear to dark to read.
2. Copy of photo ID, such as driver's license or Passport.

ORDER NUMBER / COMPANY NAME _____ (if applicable)

I, _____, hereby authorize RIVA Motorsports to charge my credit card account in the amount of \$_____.

Visa MasterCard American Express Discover Debit Card

Credit Card # _____ Exp Date: ____ / ____

ADDRESS INFORMATION

Credit Card Billing Information	Requested Shipping Address
Name: _____	Name: _____
Street: _____	Street: _____
City: _____ State: _____	City: _____ State: _____
Zip Code: _____	Zip Code: _____
Telephone: (____) ____ - _____	Telephone: (____) ____ - _____

I hereby authorize delivery of merchandise to the shipping address above which is not my credit card billing address. I agree that I will pay for this purchase and indemnify and hold RIVA Motorsports harmless, against any liability pursuant to this authorization. I understand that my signature on this form along with a copy of my credit card and a picture I.D. will serve as my authorized signature on the credit card charge slip. I understand and agree to the terms and conditions as outlined at www.rivamotorsports.com/terms.shtml and all sales are final after 30 days.

SIGNATURE RELEASE

RIVA Motorsports requires a signature upon delivery unless a waiver is authorized.

I hereby authorize merchandise to be left at my credit card billing address or other shipping address as indicated above without obtaining a signature. I agree that I will pay for this purchase and indemnify and hold RIVA Motorsports harmless, against any liability pursuant to this authorization. I understand that my signature on this form along with a common carrier delivery notification will suffice as proof of delivery.

Print Cardholder's Name _____

X _____

Cardholder's Signature

____ / ____ / ____

Date

Return policy: All sales are final after 30 days. 20% Restock fee on all Returns.

Fax completed form, copy of credit card and photo ID to 1-954-785-2535