



NEW CUSTOMER INFORMATION FORM

Please forward to: Accounting@bmrusa.com

Account Name: _____
(Business or Personal name)

Contact Person: _____

Address: Billing _____ Shipping _____

Telephone Number: _____ Cellular phone # _____

Fax Number _____ Email Address _____

Payment options:

Cash _____ COD _____ (Upon Receipt and Term's need prior accounting approval)

Credit Card

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Cardholder Address _____ (If different from above-mentioned address)			
Account Number _____			
Expiration Date _____			
CVV2 (3-digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____			

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **BMRS** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Brown & Miller Racing Solutions, LP (BMRS)** to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Brown & Miller Racing Solutions, LP** to charge my
(full name)
credit card indicated below for \$ _____ on or after _____. This payment is for
(amount) (today's date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Cardholder Address _____ (if different from above)

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize **BMRS** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.



Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. Your credit card will be charged the full amount of invoices as they come due. A receipt for each payment will be mailed or emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided.

Please complete the information below:

I _____, authorize Brown & Miller Racing Solutions, LP to charge
 (Full name)
 my credit card _____ (Visa, Mc, Discover or Amex) for payment of all
 purchases for _____ from _____,
 (Business/Account name) (Date)

until this authorization is revoked in writing.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Credit Card

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name	_____			
Cardholder Address	_____			
	(If different from above-mentioned address)			
Account Number	_____			
Expiration Date	_____			
CVV2 (3-digit number on back of Visa/MC/Discover, 4 digits on front of AMEX)	_____			

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **BMRS** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.