

BILLING INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Email _____

SHIPPING INFORMATION IF YOU WANT TIRES DELIVERED (Same as billing)

Name: _____

Shipping Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

- Wire – email for instructions
- Check (payment must be cleared prior to delivery of tires)
- eCheck (payment link will be sent via email)

Credit Card (2.5% fee)

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Security Code: _____

Cardholder Signature X _____ Date _____