



Replacement Fob - \$15

Customer Mailing Address
*Required Information

First Name* _____

Last Name* _____

Address* _____

City* _____

State* _____ ZIP* _____

Phone* _____

Email* _____

Billing is the same as Mailing

Billing Address
*Required Information

First Name* _____

Last Name* _____

Address* _____

City* _____

State* _____ ZIP* _____

Account Type: Visa MasterCard Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV2 _____

SIGNATURE _____

DATE

Checks and Money Orders should be made out to: Bikestation

Mail, scan/email or fax to:

Bikestation
110 W. Ocean Blvd., Suite #19
Long Beach, CA 90802
562.733.0106 telephone
562.733.0107 fax
info@bikestation.com

I authorize the above named business to charge the credit card indicated in this authorization form according to the amounts 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.