

ZZ Performance

Credit Card Authorization & Alternate Person Pick Up Form

Directions:

1. Print this form and complete it entirely with a dark pen, preferably blue or black. The card holder must sign on the line at the bottom of this form.
2. Include a photocopy of your ID or other official documentation showing your name and address along with a photocopy of the credit card being used.
3. Scan or take a clear picture of the completed documentation then e-mail to verify@zzperformance.com or fax to (616) 532-5110.

BILLING ADDRESS

First Name:

Last Name:

Company (If Applicable):

Address:

City:

State/Province:

Zip Code:

Country:

CREDIT CARD INFORMATION

Credit Card #:

Bank/Card Issuer:

CVV*:

Expiration Date:

Bank Phone Number:

NAME OF PERSON PICKING UP YOUR PARTS *(We will require a photocopy of this persons photo ID upon arrival)*

First Name:

Last Name:

**CVV will be the last 3 digits on the back of your credit card. American Express cards will have a 4 digit number on the front side of the card.*

I, _____, understand the store policy and hereby authorize ZZ Performance to charge my credit card for the amount of \$_____ (This amount must match the total on the order(s) you wish to pick up)

By signing this form you agree to be bound by ZZ Performance policies, terms and conditions, and instructions for this transaction and authorize ZZ Performance to verify the provided information with your issuing bank of your credit card.

Signature: _____

Date: _____