



Detroit Wheel & Tire
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Credit Card Authorization Form

Date: _____/_____/_____
Name: _____
Phone Number: _____
Email Address: _____
Description / SO#: _____
Total Amount (\$): _____

I _____ authorize Detroit Wheel & Tire to charge my VISA /
MASTERCARD / DISCOVER / AMERICAN EXPRESS credit card for purchases or services as indicated on my
orders.

Credit Card Number: _____
Security Code (3 or 4 digit number on front or back of card): _____
Expiration Date (MM/YY): ____/____
Print Full Name (exactly as it appears on your card): _____

Signature Date: _____

Print Complete Billing Address:
(Note: Address on your credit card statement)
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

Shipping Address:
(Note: If different from billing address)
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip Code: _____

NOTE: If Billing & Shipping address is different a copy of driver's license and credit card will be required.

Note: Fax form back to 248-543-3589 or scan and email to sales@detroitwheelandtire.com