

**Pro Gear & Transmission, Inc.**  
906 West Gore Street, Bldg #2  
Orlando, FL 32805  
Phone: (407) 872-1901 – Fax: (407) 872-6235

**CREDIT CARD AUTHORIZATION FORM**

Customer Name: \_\_\_\_\_

Ship to Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

I have reviewed and accept the charges for invoice number \_\_\_\_\_.

Authorized signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please charge my: (circle one)

Master Card      Visa

Account Number: \_\_\_\_\_ CVN \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_

Amount to be charged to this card: \$ \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN PROMPTLY**