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### Kure-International, Inc. Credit Card Authorization Form

Company Name \_\_\_\_\_

Name on the Card

First \_\_\_\_\_ Last \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AMEX \_\_\_\_\_

Card Number \_\_\_\_\_

Issuer Bank \_\_\_\_\_

Bank Phone Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Number \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

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Signature of card

**\*As per the requirements of our merchant service the billing address must be the same as the shipping address. (We will ship order to only the billing address)**

**\*By signing the form, the card holder agrees that this shall be a blanket authorization which may be applied to any outstanding invoices with Kure-International, Inc.**

**\*Kure-International, Inc will charge 3% of the total amount to all credit card transactions.**