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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Duncan Racing International, Inc.** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I(full name)	author	authorize Duncan Racing International to charge my credit card					
account indicated below for	(amount)	on or after	(date)	This payment is for			
(description of goods/servi	ces)	·					
Billing Address			Phone#				
City, State, Zip			Email				
Country							
Account Type:	☐ Maste	rCard 🔲	AMEX 🗆 D	Discover			
Cardholder Name							
Account Number							

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms 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; so long as the transaction corresponds to the terms indicated in this form.

DATE

SIGNATURE