

Credit Card Authorization Form
for purchase at eBikeShop LLC

Please complete all fields.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize **eBikeShop LLC located at 2785 RT 611 Tannersville PA 18372** to charge my credit card above for agreed upon purchases for amount \$..... including shipping.

Customer Signature

Date

Sworn before me this
..... day of 20....
State of
County of
Notary Public