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**AUTOMATIC PAYMENT CREDIT CARD AUTHORIZATION FORM**

I hereby authorize Highway Two to initiate entries to my credit card account and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until *Highway Two* is notified by me in writing to cancel it in such time as to afford *Highway Two* a reasonable opportunity to act on it.

**Customer Account Information**

Owner and or Accounts Payable Authorized Agent      Print Name      Signature

**Dealer/Shop Name**

Address      City      State      ZIP

1. Credit Card Number \_\_\_\_\_ CVV \_\_\_\_ EXP \_\_\_\_\_     Visa     Mastercard

**NAME ON CREDIT CARD**

CREDIT CARD BILLING ADDRESS      City      State      ZIP

2. Credit Card Number \_\_\_\_\_ CVV \_\_\_\_ EXP \_\_\_\_\_     Visa     Mastercard

**NAME ON CREDIT CARD**

CREDIT CARD BILLING ADDRESS      City      State      ZIP



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ENGLAND

**Continental**   
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**SR**  
SELLE ROYAL