

Tire Recall Registry, Inc.

A California Corporation
Electronic Tire Recall Registration Made Easy!

26500 West Agoura Road # 545
Calabasas, California 91302
TEL | 866.512.1715
FAX | 818.706.7728

PES@TireRecallRegistry.com

Print & Fax Form to 818-706-7728

Patent Pending !!

Credit Card Payment Authorization Form

This form authorizes Tire Recall Registry, Inc.

- to charge your annual subscription fee, if any, and
- to process tire registration charges on your credit card(s) on a recurring basis.

Please fax the completed form to **818-706-7728**. Payments are processed promptly within one business day. Payments received before noon (Pacific time) will be processed the same business day.

Dealer	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Enter as 8665121715	Fax Number <input type="text"/>
	Email print clearly <input type="text"/>		

If address to which credit card statements are mailed is different than the shop address, please provide that one below - otherwise credit card cannot be processed.

Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

I hereby authorize Tire Recall Registry, Inc. to process a charge on my credit card for ... [minimum **\$100**]. When my balance drops below \$40, I authorize TRR to recharge my credit card in the noted amount of money (to the right) which approximates my weekly tire sales volume .

AMOUNT \$: MIN \$100

My card is a (select one) Amer Xprs Visa MasterCard

Name on Credit Card	<input type="text"/>		
Card Number	<input type="text"/>	CVV2 3/4 #s on front/back of card	<input type="text"/>
Expiration Date	<input type="text"/>	Enter as 11-08	

Signature Below: required

Authorized Credit Card Holder

Print Name

Revised 2006-0310