

## CREDIT CARD AUTHORIZATION FORM

**3W Races**  
4200 W 17<sup>th</sup> Ave #240  
DENVER, CO 80204  
**720-722-4226**  
www.3WRaces.com

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

Card Holder's Name: \_\_\_\_\_

Billing Address (of the card listed below):

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard  Discover  AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3-digit Verification Code: \_\_\_\_\_

I authorize 3W Races, LLC to charge my account on the date services are performed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

INITIAL BELOW as applicable:

\_\_\_\_\_ Please charge the **DEPOSIT** amount to this card upon receipt. (\$400.00)

\_\_\_\_\_ It is my intention to pay by CHECK on race day for the balance of my fees. Please use the check instead of charging my card. If I don't have a check prepared on race day, charge my card.

\_\_\_\_\_ Please charge this account **upon receipt** for the balance of my fees, including the deposit.

We're creating a better existence for ourselves and our neighbors  
by offering **local racing events**  
in partnership with **local businesses**  
which benefit **local charities**.

