

GOLD MEDAL | CREDIT CARD AUTHORIZATION

This form must be , mailed or emailed to Gold Medal Company, for continued service.
If more than one credit card, please fill out and sign a form for each one.

Customer Name: _____

Dealer: _____

Card Issuing Bank Name: _____

Credit Card: Visa / MasterCard / Discover / American Express

CC Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Card CVC Code (on back of card) _____

Name on Card: _____

Billing Address: _____

Authorized Signature: _____



RETURN TO:

GOLD MEDAL COMPANY, LLC
6757 CASCADE RD, #333, GRAND RAPIDS, MI 49546 USA

Ph: 833.458.6682

E-MAIL: SALES@GOLDMEDALCOMPANY.COM