



Please fax completed form to  
 863-969-4907  
 or email: [accounting@floridatiresupply.com](mailto:accounting@floridatiresupply.com)

## Electronic Payment Authorization Form

### COMPANY INFORMATION

Florida Tire Supply  
 220 Recker Highway  
 Auburndale, FL 33823  
 P: 800-330-4925

Florida Tire Supply  
 600-6 Suemac Rd.  
 Jacksonville, FL 32254  
 P: 866-522-0222

### PAYOR INFORMATION

Name and Title (or Business name)	Phone	Fax	Email
Address	City	State	ZIP Code

### PAYMENT PLAN (Based Upon Credit Approval)

Total Payment Amount	Start Date
Number of Payments	Frequency of Payments <input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Fee per Payment	Total Amount per Payment

### PAYMENT INFORMATION

<input type="checkbox"/> Charge my Credit Card	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card Number:	Expiration Date:	Security Code:

The above requested information is required so that we may process payments for orders placed via phone and/or card not present sales. Information is securely retained until you notify us that the credit card is no longer valid. Special orders require a deposit at the time order is placed. In the event your account shows a past due balance, your card may be charged for any unpaid, past due balance.

### SIGNATURE AND AUTHORIZATION

I authorize Florida Tire Supply on behalf of the Company to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or Company receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford Company reasonable opportunity to act (minimum of 30 days).

I understand that if the total amount owed to Company is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to Company is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form. All other changes such as payment amount, frequency, or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to Florida Tire Supply 15 days prior to any change being implemented.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold Company, the bank, Florida Tire Supply, harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Signature	Date
Print Name	Title