## AUTHORIZATION FOR CREDIT CARD INFORMATION USE AND RETENTION

(print name)		(company name, if applicable)
Billing Address:	(ag it appears on andit ag	rd statement)
	(as it appears on credit car	a statement)
City/Province:		Postal code:
Phone No.:	Fax No.:	
		credit card details appearing below to process es of services rendered to me or my company
[Tire Sales]		[Service]
[Wheels]		Other:
Visa	MasterCard	American Express
CREDIT CARD NO.:		EXPIRY DATE:
Card Issued To:		

(Signature)

(Date)

By signing this form, you acknowledge and agree that (1) the information provided above is complete and accurate and (2) that you have the authority needed to authorize the use of the above credit card as set out herein and (3) you authorize Groupe Touchette to use it to process payment for the fees and charges rendered from time to time in relation to the services listed above. Since these fees and charges will vary depending on the actual services rendered or the actual goods sold, the amounts charged will be shown as a separate transaction on your card statement at the time each fee and/or charge is processed for payment. You are responsible for notifying us if the credit card or the information above is no longer valid. If any use of the above credit card is rejected, the amount of fees and charges applicable to such use will continue to be your obligation until paid for in full and additional administrative fees may also be charged.

Until we receive your written cancellation of this authorization, Groupe Touchette may retain the information set out above for purposes of using it to process payments for future transactions in accordance with the above. All information collected in this form is and will be held by Groupe Touchette in accordance with its Privacy Policy.