

► Credit Card Authorization Form

US Motorcycle Rentals
2565 Cloverdale Ave. Suite D
Concord, CA 94518

P 925 691-5677
F 925 691-5846

INSTRUCTIONS

1. Complete form with credit card billing information
2. Sign where indicated
3. Submit this form back to Thunder Road Motorsports by fax

SUBMIT TO:

1-925-691-5846
US Motorcycle Rentals
ATTN: Credit Card Billing

Date _____ Invoice Ref. # _____
(Optional)

* Cardholder Name: _____

* Credit Card Visa MasterCard American Express

* Card Number: _____

* Expiration Date: _____ * CVV Number: _____ *(3-4 Digit Security Code)*

* Billing Address: _____

* City: _____

* State/Province: _____ * Zip/Postal Code: _____

* Country: _____

* Phone Number: _____

Email Address: _____

I authorize Thunder Road Motorsports. to charge my credit card in the amount of:

\$ _____ USD *(U.S. Dollars)*

* Printed Name: _____

* Signature: _____

* Date: _____ * *Required Fields*

► Cancellation Policy Agreement
Authorization Form

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INSTRUCTIONS

1. Initial all areas then print name where indicated
2. Sign and Date where indicated
3. Submit this form back to Thunder Road Motorsports by fax

SUBMIT TO:

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US Motorcycle Rentals
ATTN: Credit Card Billing

Reservation Details

Departure Date: _____ Departure Time: _____

Return Date: _____ Return Time: _____

Motorcycle First Choice: _____

Motorcycle Second Choice: _____

Insurance Option Chosen: Basic Insurance Full Insurance

Reservation Total: _____ 20% Deposit _____ Remaining Balance _____

_____ Deposits are non refundable.

_____ Cancellation notices of 30 days or more are subject to forfeiture of 50% of the remaining balance.

_____ Cancellation notices between 29 and 8 days are subject to forfeiture of 75% of the remaining balance.

_____ Cancellation notices of 7 days or less are subject to forfeiture of 100% of the remaining balance.

_____ No Show customers are subject to forfeiture of 100% of the remaining balance.

_____ No Refunds for early returns.

_____ I authorize US Motorcycle Rentals to charge my credit card for the aforementioned forfeiture amounts.

Please initial and agree to the above terms and conditions then print, sign and date your name below.

Printed Name

Signed Name

Date