



# CONTINGENCY CONNECTION RACER BUCKS REDEMPTION

**FULL NAME & PHONE #, AS SHOWN ON  
YOUR COUPON REDEMPTION ORDER FORM:**

First & Last Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

## CREDIT CARD AUTHORIZATION FORM

If you have submitted your HEDMAN HEDDERS Contingency Connection Racers Rewards Coupon Redemption form and opted to pay for any additional charges using a credit card, this form must be completed and submitted for approval prior to your order being shipped.

Once the form has been completed, either email this form to [CCRACERPAYMENT@HEDMAN.COM](mailto:CCRACERPAYMENT@HEDMAN.COM) or FAX it to (562)758-6199 (*delivers digital fax to private, secured email box*).

*(This form is **not** for Trans-Dapt or Hamburger's Performance coupon redemption product orders)*

Card Type:



Expiration Date: 00 / 00

Name On Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CCV Code: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (in the event there are any authorization issues)

SHIPPING ADDRESS: \_\_\_\_\_

SAME AS BILLING

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AMOUNT AUTHORIZED FOR THIS TRANSACTION:**

(from Amount Due line of redemption form. Subject to verification of accuracy) \$ \_\_\_\_\_ . \_\_\_\_\_

*I am an authorized user of, and submit this credit card information for, a one time charge equaling the amount due on my Contingency Connection Racer Bucks Redemption Order Form.*

Cardholder Signature: \_\_\_\_\_

Printed Name of Cardholder: \_\_\_\_\_

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