



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 TRANS-DAPT / HAMBURGER'S 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, or FAX it to (562)758-6199 (*delivers digital fax to private, secured email box*).

*(This form is **not** for Hedman Heddors coupon redemption product orders)*

Card Type:



Expiration Date: ____/____/____

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: ____/____/____