Authorization Form

Name:				
City:	State:	Zip:	Phone: _	
Vehicle Description:			Mileage _	_
V.I.N. #				
	ase of warranty			
Of, Then monthly payme		its of to be applied		
To the same card belo	w, or debited from my cl	hecking ac	count, from the i	nformation below.
Warranty Purchased: _	Co	Contract #		
I authorize Warranties purchase the warranty	4 Wheels to charge my stated above.	credit card	for the amount s	stated above, and to
I have reviewed the se	rvice agreement for	_ years an	d or	miles, with a
Deductible	and agree to its terms ar	nd condition	ns within the boo	dy of the contract.
Card Number:		Expiration:		
Checking Account Rou	iting Number:			
Checking Account Nun	nber:			
Name of Financial Inst	itution:			
Warranty provider men	hat if an outside compan tioned above, that my sig ave reviewed the finance ne finance agreement.	nature belc	w affirms to my	entering into said
Any needed repair or p until it is repaired or rep components on the veh back the repair invoice	anditions Disclaimer with art replacement, noted by an ASE certified in the following properties of the part is canceled for an art of the force of the part is canceled for an art of the part	y the independ d mechanic rranty agree or compone	endent inspector, The warranty we ment. Once repent. Signed witho	will not be covered will cover all other air is completed, fax but hesitation or
Customer Signature		D	Date	

Any claim within one month and 1000 miles, determined to be a pre-existing condition through independent inspection, will be denied.