



Send completed form to customerexperience@hlc.bike to place your order.

ACCOUNT INFO	BILLING INFO
Customer No.: _____	Credit Card No.: _____ / _____ <i>Expiration</i>
Store Name: _____	Credit Card Holder Name: _____
Employee Name: _____	Credit Card billing address: _____ _____ <i>Street Address</i>
Store Manager: _____	_____ <i>City</i> _____ <i>State</i> _____ <i>Zip Code</i>
Telephone No.: _____	

[illegible]

