



703 W. Ridge Pike  
Limerick, PA 19468  
610-495-4530 Ph.  
610-495-4542 Fax

CREDIT CARD AUTHORIZATION

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Amount To Charge To Card: \_\_\_\_\_ Invoice#'s: \_\_\_\_\_

\_\_\_\_\_  
Name Exactly As It Appears On Card

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone #

IMPORTANT

If you intend for another individual to place orders and pay for the product using your credit information, you must give them authorization on this form. Please list the names of those individuals that are authorized to use your credit card as payment for merchandise. No other individuals will be allowed to request that these credit cards be used for payments.

Authorized User's Name: \_\_\_\_\_

The undersigned hereby declares that the credit information listed is true, accurate and appears in the name as stated. Authorization is hereby given to the above individuals to use this credit card for purchase at Perkins-TP Trailers, Inc. and also authorize my credit card company to accept and charge my account for purchases initiated by the above named individuals. This form authorizes Perkins-TP Trailer's information and such information shall remain in full force and affect unless I revoke such authorization in writing.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Date

Card Holder's Initials: \_\_\_\_\_ Driver's License# & State: \_\_\_\_\_

Please fax this document back to TP Trailers, Inc. at 610-495-4542. The information provided will be kept private and confidential.  
All Deposits Are Non-Refundable. All Sales Are Final.