



703 W. Ridge Pike~Limerick, PA 19468~610-495-4530 or 800-255-0666 Fax 610-495-4542
www.tptrailersinc.com

CREDIT CARD AUTHORIZATION

Credit Card Number: _____ Exp. Date: _____ CVV# _____

Amount To Charge To Card: _____ Invoice#’s: _____

MC VISA AMEX DISCOVER

Name As It Appears On The Card _____ Circle One

Exact Billing Address as it appears on the billing statement _____

City _____ State _____ Zip Code _____ Phone# _____

Please indicate below if this authorization is for a one-time use or if Perkins should keep the authorization on file for future purchases:

ONE TIME USE

KEEP ON FILE FOR FUTURE PURCHASES

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

Authorize 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-T.P. Trailers, Inc. and also authorize my credit card company to accept and charge my account for purchases initiated by the above named individuals. Information shall remain in full force and affect unless I revoke such authorization in writing.

By signing this form, I agree not to initiate a chargeback proceeding with my credit card company for charges by Perkins on the credit card below, and understand that any such chargebacks will constitute a breach of contract. I agree to waive any chargeback rights I may have, and will contact Perkins to resolve any dispute regarding charges by Perkins on the card.

Signature of Card Holder _____ Print Name Here _____ Date _____

Card Holder’s initials: _____