

# Interstate Trailer Sales

TRANSPORTATION EQUIPMENT \* STORAGE TRAILERS \* SALES AND LEASING



Authorization for Credit Card Payments

Fax to: (909) 823-3600

Customer Name \_\_\_\_\_

Credit Card Holders Name \_\_\_\_\_

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

\_\_\_\_\_

Billing phone# \_\_\_\_\_

Card Type      VISA      Master Card      American Express  
*Circle one*

Card# \_\_\_\_\_ Expiration \_\_\_\_\_

V Code \_\_\_\_\_ *(3 digits on back of card)*

**Card holder authorizes Interstate Trailer Sales to use the above credit card**

**to pay Invoice# \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.**

\_\_\_\_\_  
*Authorized signature*

\_\_\_\_\_  
*Date*