



TROPICAL TRAILER LEASING

9475 N.W. 89TH AVE.
MEDLEY, FL. 33178
(305)885-6047 fax:(305)887-0676

CREDIT CARD AUTHORIZATION FORM

NAME OF COMPANY: _____

NAME OF ACCOUNT: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

Circle One: AMEX VISA MASTERCARD

CREDIT CARD# _____

EXPIRATION DATE: _____ Security Code _____

AMOUNT OF SALE: \$ _____

**I AUTHORIZE: TROPICAL TRAILER LEASING CORP.
TO DEBIT THE ABOVE AMOUNT.**

**I _____ AUTHORIZE: TROPICAL TRAILER LEASING
TO CHARGE MY CREDIT CARD FOR SERVICE RENDERED ON MY ACCOUNT. IF FOR WHATEVER
REASON THE CREDIT CARD IS DENIED I WILL HAVE 3 BUSINESS DAYS TO PROVIDE A
REPLACEMENT OR ALL EQUIPMENT RENTED OR LEASED WILL BE RETURNED. IF NOT
RETURNED I AUTHORIZE TROPICAL TO HAVE IT PICKED UP AT MY EXPENSE.**

THANK YOU FOR YOUR COOPERATION.