



TROPICAL TRAILER LEASING, LLC

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CREDIT CARD AUTHORIZATION FORM

NAME OF COMPANY: _____

NAME ON CARD: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE (CIRCLE ONE): AMEX VISA MASTERCARD

CREDIT CARD #: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

I, _____, AUTHORIZE TROPICAL TRAILER LEASING TO CHARGE THE ABOVE CREDIT CARD, OR ANY OTHER CREDIT CARD PROVIDED BY ME OR AUTHORIZED PERSONS, AUTOMATICALLY EACH MONTH FOR RENTAL FEES AND ALL OTHER SERVICES RENDERED ON MY ACCOUNT. IF FOR WHATEVER REASON THE CREDIT CARD IS DENIED I WILL PROVIDE A REPLACEMENT CREDIT CARD OR RETURN ALL EQUIPMENT RENTED OR LEASED WITHIN 3 BUSINESS DAYS. IF NOT RETURNED, I AUTHORIZE TROPICAL TO HAVE THE EQUIPMENT PICKED UP AT MY EXPENSE.

THIS CREDIT CARD AUTHORIZATION CAN BE USED IF THE CUSTOMER HAS AN IN-HOUSE CREDIT ACCOUNT THAT BECOMES PAST DUE AND ALL ATTEMPTS TO COLLECT HAVE FAILED.

SIGNATURE OF CARDHOLDER: _____