

**SOUTHWEST TRAILERS
CREDIT CARD AUTHORIZATION**

DATE: _____

CUSTOMER: _____

PHONE #: _____

FAX #: _____

CIRCLE ONE:

MASTER CARD VISA DISCOVER AMEX

NAME ON CARD: _____

CARD #: _____ CVV #: _____

EXPIRATION DATE: _____ CHARGE LIMIT: _____

BILLING ADDRESS: _____

INDIVIDUAL PICKING UP MERCHANDISE/TRAILER:

By signing below I authorize Southwest Trailers to charge the above referenced credit card for merchandise/trailer purchases.

Card Holder Signature

Date

Please fax this completed form and a legible copy (FRONT & BACK; MUST BE ABLE TO READ THE NUMBERS FROM THE COPY) of the credit card and your driver's license to Southwest Trailers at (210) 657-5886.

Thank you for your cooperation.

Southwest Trailers

