



3945 RAYTOWN ROAD, KANSAS CITY, MO 64129
816.795.8484 * FAX 816.222.0436

CREDIT CARD AUTHORIZATION FORM

Name (as it appears on card): _____

Daytime Phone Number: _____

Billing Address: _____

City, State _____ Zip Code: _____

Circle card type: American Express Discover Mastercard Visa

Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit Security Code: _____

I understand and authorize, \$ _____ to be charged on my credit card.

Signature

Date

Completed forms can be send to Stephanie.Gordon@USTrailer.com, faxed to 816-222-0436, or brought to our location at 3945 Raytown Road, Kansas City, MO, 64129