



7431 NW 54 ST. Miami, Fl 33166 Tel: 305.392.9494 Fax:305.392.9496
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Credit Card Authorization

Payment in Full Invoice #: _____ Job #: _____

Deposit Date of Charge: _____ Salesperson/CSR: _____

Balance Approval Code: _____

The following is authorization for **Real X Trailers, Inc.** to charge my credit card account indicated below for the amount of \$ _____ as payment/deposit on an order for _____

Company: _____

Account name as appears on Credit Card (PRINT): _____

Cardholder's Name (PRINT): _____

Cardholder's Billing Address: _____

Check One: Visa MasterCard American Express

Card#: _____ Expiration Date: _____ Security Code: _____

Cardholder's Signature _____



******CUSTOMER MUST SEND A COPY OF CREDIT CARD FRONT AND BACK, ALONG WITH DRIVERS LICENSE OR PHOTO ID BEFORE ORDER IS PROCESSED. THEREBY AUTHORIZING REAL X TRAILERSTO USE THIS CARD FOR PAYMENT. THANK YOU**