



Phone: 888 765-7771
Fax Completed Application To:
Kansas City Office - 816 765-5088
St. Louis Office - 618 215-8005

CREDIT CARD AUTHORIZATION AGREEMENT

Applicant (Legal) Name _____

Business Trade Style (DBA) _____

Address _____ Billing Address _____

City/State/Zip _____ City/State/Zip _____

Phone # _____ A/P Contact/Phone # _____

Email _____ A/P Email _____

Fax # _____ Fax # _____

Type of Credit Card (please circle)

Visa Mastercard American Express Discover

Account Number _____ Exp. Date _____ Signature Panel Code _____
located on back of card

Name/Business on the card _____

Billing Address (if different from above) _____

I authorize American Trailer and Storage, Inc. to charge my credit card, as indicated by completing the above credit card information, for payment of my American Trailer and Storage, Inc. invoice. I understand that American Trailer and Storage, Inc. reserve the right to terminate this payment plan and/or my participation therein, I also understand that at any time I may elect to discontinue my enrollment in this plan by providing notice to American Trailer and Storage, Inc. in writing. Your account change will be subject to credit approval. You must notify us if your account changes. If there are changes we will send you a new form to complete so we have your signature and the new account information. An invoice will still be mailed to you with your receipt attached.

Card Holders Signature _____

FORM MUST BE COMPLETED ENTIRELY:

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Authorized Signature _____ Title _____ Date _____

Print Name & Title _____

To Be Completed by ATS Staff

LOC _____ SIC Code _____ Lead Source _____ Unit Size & Type _____ Qty _____

Rental / Sale / Lease (circle one) Storage / Office Trl / Cartage (circle one)

Estimated Credit Line Required _____ Special Billing Instructions _____

Type of Business _____ Anticipated Delivery Date _____

Additional Information _____

Sales Rep.(# and Name) _____ Today's Date _____