

Susquehanna Truck Service, Inc. Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN TO US.
All information will remain confidential

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ Amex

Credit Card Number: _____

Expiration Number: _____

CSV Code: _____

Amount to Charge: \$ _____ (USD)

I authorize Susquehanna Truck Service, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, sign and date below.

Signed: _____

Date: _____

Name: _____

Once signed, return the completed form to:

