



601 Hadley Road PO Box 615
South Plainfield, NJ 07080
908-561-4800 Fax 908-561-3800

Credit Card Authorization Form

Company Name _____

Cardholder's Name _____

Billing address of Credit Card _____

Phone No. _____ Fax No. _____

Credit Card Number _____

Exp. Date _____ Type of Card _____

Security Code No. (4 Digits - front of Amex. / 3 Digits back of Visa/Mastercard) _____



This is a verification of your company's card, this is a legal document. By signing this form, you give Traffic Safety Service the right to use as a method of payment for services rendered. All cancelled orders, after credit card is charged, are subject to a 4% processing fee.

Fill in amount or initial blanket

Amount of this sale \$ _____ or Blanket for any sale/rental _____



PLEASE NOTE - YOU MUST INITIAL THE BLANKET SECTION IF YOU ARE RENTING ANYTHING FROM US - NO EXCEPTIONS

Cardholder's Signature _____

Print Cardholder's Name _____

Title _____ Date _____