



**Atchison Transportation  
Services Inc.  
P.O. Box 1728  
Spartanburg, SC 29304**

LETTER OF AUTHORIZATION

DATE:

I authorize charges for \_\_\_\_\_  
(Customer's Name)

Of \_\_\_\_\_ to be billed to  
(Company)

To my \_\_\_\_\_ Acct# \_\_\_\_\_  
(Card Type)

3-digit code (on back) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Address (of card): \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\_\_\_\_\_

I understand that I am responsible for \_\_\_\_\_  
Charges incurred on this account. (i.e. charter, limousine, airport)

\_\_\_\_\_  
Signature of Cardholder

Print Name: \_\_\_\_\_

Fax this form to: 864-587-8072  
Or email to: [catchison@atchisontransport.com](mailto:catchison@atchisontransport.com)