

Credit Card Authorization Form

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

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____ (USD)

I authorize _____ 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: _____

Dated: _____

Name: _____

PLEASE INCLUDE A COPY OF YOUR DRIVERS LICENSE AND CREDIT CARD.
(FRONT AND BACK)

By signing this document you agree to all additional mileage, fuel, tolls, expendables, and lost/damaged equipment charges that may exceed the “Amount to charge amount”. A final invoice will be sent 24 hours prior to charging the invoice, unless otherwise agreed upon.