

5900 N. Australian Ave Suite #3, West Palm Beach, FL 33407 561-966-9322 – Fax 561-845-9874

* * * CREDIT CARD AUTHORIZATION * * *

Company Name:							
Phone Number:	Number: Fax Number:						
	entals requires a photocopy o visible as well as a copy of the					1 below	
Name, address and phone number of the card holder as it appears on the card:				Card Type			
Name				Master	Card V	/isa	
Billing Address				Discov	er A	Amex	
City, State, Zip							
Phone #		Is this a Co	orporate C	redit Card?	Yes	No	
Email:							
	Visa, MC, Discover - 3 digits located on b	-					
Party Rentals. I agree to be held attorneys fee's and incurred costs	placed on the above referenced cropersonally liable and further agree that s. I agree to communicate without comy rights, I understand all complaints	at if an attorney is retained lelay any matters pertain	ed to collect ning to char	the charges, I	will pay all re	easonable	
Signature:				_Date			
If applicable - Rental	/ Sales / Service Bid Co	nfirmation # from	m attac	hed quote)		
DEL	IVERY LOCATION (required)	– Rentals – Sales –	- Parts – S	Service			
SHIP TO:		ATTN:					
ADDRESS:							
			Z	IP CODE:_			
РН:	FX:						
CARRIER:	ACCT:		ME	THOD:		_	