

CREDIT CARD AUTHORIZATION FORM



I, _____ (cardholder) hereby authorize Alliance Crane Service (ACS) to charge against my credit card for the amount of \$ _____.

And, in addition to the above, I fully understand and authorize that should any additional charges arise or are incurred while the services are provided and that are in excess of the amount listed above, ACS has my prior authorization to also charge these supplemental charges against my account as well to assure payment in full for the services rendered.

Visa MasterCard American Express Discover

Credit Card Number _____ - _____ - _____ - _____

Expiration Date (MM/YY) _____ / _____ Security Code _____

Billing Name (as it appears on card) _____

Billing Address _____

City _____ State _____ Zip Code _____

Cardholder Contact Number _____

Receipt Email _____

By checking this box, I authorize Alliance Crane Service (ACS) to keep the below card on file for payment on all future invoices or charges. I understand the below credit card will only be removed from my account after a written request has been submitted and processed.

Invoice or Rental Contract No.	Amount Billed
	\$
	\$
	\$
	\$

Total Charges \$ _____

Authorized Signature _____

Printed Name _____ Date _____

P.O. Box 579 Brenham, TX 77834 • Ph. 979-551-0393 • info@alliancecraneservice.com

Approved Declined

Processed By _____

Date _____ Time _____