

pay the amount shown.

CREDIT CARD AUTHORIZATION	
Name on card:	
Card Number:	Exp. Date
V-code:	
Phone:	FAX:
Email:	
Billing Address for Credit Card:	·
State:	ZIP:
Company Name:	
	om billing:
Does your company require:	Purchase order number? Yes No
	Authorized Renter? Yes No
	Job site location? Yes No
1.	. owner of the above listed credit card. do authorize

Lowell, Inc. dba Rent-E-Quip to charge said card for all rental fees, overages, damages, fuel charges, and any delivery, pickup, or recovery charges relating to the rental contract(s) authorized by me, and/or the company I represent. The issuer of the card identified on this item is authorized by me to

DATE:___