



# ROB'S RENTALS

## Credit Card Authorization

Date: .....

Company Name: ..... Attn: .....

Credit Card Billing Name: .....

Billing Address: .....

City: ..... State: ..... Zip Code: .....

Telephone: ..... Billing Contact Email: .....

Type of Card:        

Name on Credit Card: .....

Credit Card#: ..... Expiration Date: .....

CID/CVV Code: .....

Print Cardholder's Name: .....

*Note: Must have a photocopy of the credit card (front and back) and the cardholder's drivers license sent back with this form.*

I authorize Rob's Rentals to charge my credit card identified above for any payment for which I may become liable for including the full amount of any service which remains unpaid 60 days after the date of invoice.

**Authorized Cardholder's Signature:**