



1465 Chestnut Ave, Hillside, NJ 07205

Phone: 973-926-1212 Fax: 973-926-1414

# Credit Card Authorization Form

## Card Holder Information

Company Name:		Name on Card:	
Billing Address:			
City:	State:	Zip:	
Driver's License Name:	Driver's Lic. # OR Federal ID:	State Issued:	
Phone #:	Cell Phone #:	Fax #:	
E-Mail Address:			

## Job Site Information

Delivery Address:	
Site Contact Name:	Site Contact Cell #:

## Payment Authorization

Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Card Number:	Expiration Date:	3 of 4 Digit Sec. Code:		

I hereby certify that I am the authorized user of the above referenced card, that I have proper authority to use said card for all the purchases from Area Rentals and my signature on this form authorizes all payment to Area Rentals. I understand that I am responsible for all charges incurred on this credit card, and that I agree to accept all terms of my contract. The undersigned hereby authorizes Area Rentals Equipment & Supplies Inc. to bill the credit card specified below for deposit, and payment for all services provided to the company or individual named on the credit card. I am also authorizing you to accept telephone orders an mail orders to me and/or my business. I authorize payment for all equipment being rented or purchased from this establishment and for any sale items; for the entire term of the contract. All information is kept confidential!

## IMPORTANT PLEASE READ

Customer must call Area Rentals when finished with equipment to arrange pick up and obtain a release number. DO NOT TELL DRIVER OR SALESMAN AT TIME OF RENTAL! Rental charges will continue to accrue until release number is obtained.

Keep this credit card on file for future rentals & purchases?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cardholder's Signature:	Date:	

**Please Fax Back to 973-926-1414**