



CREDIT CARD AUTHORIZATION FORM

COMPANY NAME: \_\_\_\_\_ ACCT. #: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

I AM AN AUTHORIZED REPRESENTATIVE FROM THE ABOVE COMPANY

I authorize Toolshed Equipment Rental to make a one time payment on my account in the amount of:

\$ \_\_\_\_\_ to pay the below invoices:

Inv. #	_____	Amt. Paid: \$	_____
Inv. #	_____	Amt. Paid: \$	_____
Inv. #	_____	Amt. Paid: \$	_____
Inv. #	_____	Amt. Paid: \$	_____
Inv. #	_____	Amt. Paid: \$	_____
Inv. #	_____	Amt. Paid: \$	_____
Inv. #	_____	Amt. Paid: \$	_____

_____	_____	_____
Credit Card Number	EXP. Date	Security Code

_____	_____
Signature	Date

Keep Card on File: \_\_\_\_\_ YES \_\_\_\_\_ NO

Send receipt to: \_\_\_\_\_