

Instructions:				
	CREDIT CARD CHAP	RGE AUTHOR	IZATION	
COMPANY NAME				
CARDHOLDER NAME				
CARDHOLDER ADDRESS				
CARDHOLDER CITY			STATE	ZIP CODE
CREDIT CARD TYPE				
CARD TYPE: VIS	SA DISCOVER	MASTERCA	ARD AMI	EX NOVIS
CREDIT CARD NUMBER			EXP. DATE	SECURITY COI
CARDHOLDER'S DRIVER L	ICENSE NUMBER			EXP. DATE
I GIVE MY PERMISSION F RENTAL AND DELIVERY ( DEPOSIT TO RECOVER T EQUIPMENT AND SERVIC FURTHER UNDERSTAND ACCEPTANCE OF THE AE	CHARGES. I UNDERST HE TOTAL REPLACEM ES SHOULD THE EQU THAT MY SIGNATURE	AND THAT MY ENT COST ANI IPMENT BE DA	CREDIT IS AS AD A DAMAGE MAGED, LOST	A SECURITY S FOR THE , OR STOLEN. I
CARDHOLDER'S SIGN			DATE	