

# LIFTX EQUIPMENT RENTALS

Phone: (609)621-6640

www.liftxrentals.com

## Credit Card Authorization Form

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby affirm that I am the owner of the below referenced credit card and that **my name** is listed on the front of the credit card.

I hereby authorize LIFTX Equipment Rentals to charge my credit card (listed below) in the amount of \$\_\_\_\_\_ for payment of equipment rental

\_\_\_\_\_  
Account Holder Signature

Address for delivery of equipment:  
\_\_\_\_\_  
\_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Security Code: \_\_\_\_\_

LIFTX EQUIPMENT RENTALS REQUIRES A CLEAR COPY OF THE FRONT AND BACK OF THE CREDIT CARD AND MUST HAVE A CLEAR SIGNATURE ON BACK OF THE CARD. WE ALSO REQUIRE A CLEAR PHOTOCOPY OF THE CARDHOLDERS DRIVERS NON EXPIRED DRIVERS LICENSE.

PLEASE FAX THESE DOCUMENTS TO LIFTX at 609 – 758-9790

BY PROVIDING THIS CARD AS A DEPOSIT. YOU HEREBY AUTHORIZE LIFTX EQUIPMENT RENTAL TO PLACE ANY REMAINING UNPAID BALANCE ON THIS CARD SHOULD YOU FAIL TO PAY FOR YOUR RENTAL.