

PAYMENT GUARANTEE CREDIT CARD AUTHORIZATION



CUSTOMER/COMPANY NAME: _____ PHONE: _____ EMAIL: _____

CARDHOLDER NAME: _____ PHONE: _____ EMAIL: _____

PLACE CREDIT CARD HERE

PLACE DRIVER'S LICENSE HERE

NAME ON CARD:	NAME ON LICENSE:
CREDIT CARD NO:	D.L. #
EXPIRATION DATE:	EXPIRATION DATE:
3 DIGIT CVV OR 4 DIGIT CID CODE:	ADDRESS ON LICENSE:
BILLING ADDRESS FOR CARD:	

I do hereby authorize billing to my credit card shown above for:

- * Damage to equipment
- * Loss/Non-return of equipment
- * Bad checks--any transaction
- * Expendables, fuel or mileage charges
- * Rental Charges/late equipment return/extended rental charges
- * Unpaid invoices, in full or short-paid, after the date of terms has passed

I acknowledge that if I choose to pay final invoice by credit card, invoice will include a 2.5% surcharge.

I acknowledge that I may be liable for up to \$1000 in repairs for damage or \$1000 deductible for loss

if I am being charged a damage waiver by PC&E.

I also acknowledge that a photocopy or fax copy of this document shall constitute the same consent as an original.

SIGNATURE: _____ DATE: _____