

DATE _____

COMPANY NAME _____

CARD HOLDER NAME _____

I, _____ authorize Rent-E-Quip, Inc. to charge my

_____ (card type) credit card # _____

With the expiration date of _____, for the rental of _____.

CREDIT CARD BILLING ADDRESS:

Phone number _____

Cell Number _____

Signature _____

Print Name: _____

(I authorize Rent-E-Quip, Inc. to charge future purchases and rentals to this credit card number

Signature: _____).

FAX BACK TO (804)-520-4995.