

## **Credit Card Authorization Form**

Thank you for placing your order with All-State Rental & Equipment, LLC. Please fill out the following two pages email back (via scan) along with a copy of your driver license and credit card as forms of proof of identification.

Business Information Section:				
Business Name:				
Business Address:	City:		State:	Zip:
Business Phone Number:Business Fax Number:				
Credit Card Information Section:				
Full Name on Credit Card:	Phone Number:			
Amex				
Card No.: Exp	Expiration Date:Sec Code:			
Billing Address for Credit Card:				
City: State: Zip:_				
Job Site Information Section:				
Job Address:	City:		_State:	Zip:
Job Site Contact Name and Phone Number:				
General Contractor:	Phone Number:			
If Public Project: Bond #:Insurance	e Co:	Pho	ne Number: _	
The undersigned hereby authorizes All-State Rental & Equipment, LLC to use the credit card specified above for payment of all services provided to the company named above. Sales are charged immediately upon pick up or delivery. Open rentals will be charged before delivery. If the rental becomes overdue and additional monies are due, you hereby authorize your credit card may be charged to bring the contract payments current. If the equipment is kept for more than a four week period, your credit card will be charged each time the contract cycle bills.				
X	rint Name		Cell:	
Cardiologi Signature P	THE INAME			

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