



Independent

EQUIPMENT CORP.

319 W. Sunrise Hwy

FREEPORT, NY 11520

PHONE: (516) 307-9766 FAX: (516) 307-9764

Kevin@independentequipmentcorp.com

CREDIT CARD AUTHORIZATION RELEASE

DATE: _____

I hereby authorize, Independent Equipment Corp., to use the credit card number listed below for the **credit card authorization and all of the charges incurred** due to the rental and/or purchase of equipment from Independent Equipment Corp. **The standard credit card authorization amount is for the total cost of a 1 month rental:**

In addition please send the following:

- 1) A copy of the front and back of credit card being used, 2) Driver's license matching the credit card Company, 3) Current Vehicle registration, 4) Completed W-9 Form w/ Tax I.D. Number

COMPANY NAME: _____

COMPANY PHONE & FAX: _____

COMPANY ADDRESS: _____

CARDHOLDER'S NAME: _____

COMPLETE BILLING ADDRESS: _____

CREDIT CARD TYPE: _____

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE (USUALLY 3 OR 4 DIGITS) _____

SALES:

RENTALS:

PURCHASE AMOUNT:

RECURRING MONTHLY AMOUNT:

INVOICE#: _____

CONTRACT#: _____

I understand that all future fees relating to this rental contract/sale will be billed to this credit card for the life of the contract.

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

Thank you for the opportunity to serve you!