



Credit Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting Garden City Rental.
This authorization will remain in effect until cancelled.

Rental Agreement Information	Credit Card Information
Rental Equipment: _____ _____ _____	Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Start: ____ / ____ / ____ : ____ AM/PM	Cardholder Name (as shown on card): _____
Return: ____ / ____ / ____ : ____ AM/PM	Credit Card Number: _____
Est. Freight Cost: \$ _____	Expiration Date: (mm/yy): _____
Est. Damage Waiver Cost: \$ _____	Credit Card CVV Number: _____
Est. Tax: \$ _____	Cardholder Billing Address Zip Code: _____
Est. Total Cost: \$ _____ <i>*The amount of the total cost of rental is subject to change if the rental time exceeds the original agreed upon rental/return date. Other charges subject to change include but are not limited to, extra rental hours, extra fuel, and extensive damages if applicable.</i>	

_____ I understand I must call for pick-up.

_____ I understand the above charges reflect time the stated rental equipment is out, not the time the equipment was used.

I, _____, authorize Garden City Rental to charge my credit card above for the agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date