



AUTHORIZATION TO CHARGE

Please complete form and return to our accounting office.
Email: accounting@pdqrentals.com or Fax: (562) 946-0847

Date: ____/____/____

Customer #: _____ Fax #/Email: _____

Customer Name: _____

Billing Address: _____

I herby authorize PDQ Rentals to charge \$ _____ + 2.5% processing fee to my credit card.

(circle one) VISA MASTERCARD DISCOVER AMEX

Credit Card #: _____

Name on Card: _____

(if different than customer name)

Expiration Date: ____/____ CVV# : _____

Paying the following contract(s): _____

Emailed/Faxed signed form is considered an original copy.

I understand and agree by my signature that this document is legal and binding.

Print Name: _____

Signature: _____

Main Office

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