



**Credit Card Information**

Cardholder Name \_\_\_\_\_ Customer Name (if different) \_\_\_\_\_

Type of Credit Card  American Express  Discover Card  Mastercard  Visa

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

**Billing Information**

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email Address \_\_\_\_\_

**Cardholder Agreement**

By signing below, I give Partner Equipment Rentals LLC d/b/a Partner Rentals and Partner Equipment authority to charge the credit card listed above for any transactions for the customer listed above. Transactions include, but are not limited to, rentals, sales, repairs, transport, rental protection plan, ancillary fees, and sales taxes. This authorization will remain in effect until I cancel it in writing and I agree to notify Partner Equipment Rentals LLC d/b/a Partner Rentals and Partner Equipment of any changes in my credit card or billing address information before the next billing date. I also agree to pay the applicable credit card company for charges to the credit card listed above.

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\* Please send completed Credit Card Authorization Form via email to [info@PartnerRentals.com](mailto:info@PartnerRentals.com) or fax to (845) 330-2529 \*\*