



Credit Card Authorization Form

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

Credit Card Information Card Type: MasterCard VISA Discover
 AMEX Other _____

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

CVV/Security Code: _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize C&M

Carting Solutions to charge my credit card above for agreed upon purchases as well as any additional charges occurred due to for weight overages, additional prohibited items, extended rental time, dry runs or damage fees. I understand that my information will be saved to file for future transactions on my account.

Customer
Signature _____ Date _____