



Credit Card Authorization Form

Please Complete & Fax or Email to: 360-424.3226, info@idealrentall.com

In lieu of my credit card imprint, I _____,
(Name of Cardholder exactly as Shown on Credit Card)

hereby authorize Ideal Rent-All to charge these, and other reoccurring charges associated with my customer account to the following credit card:

American Express ___ Discover ___ Master Card ___ Visa ___

Card Number _____

Expiration Date _____

CVV Security Code _____

The billing address as it appears on my credit card statement

Billing Name _____

Street Address _____

City, State, Zip Code _____

Phone number _____

Cardholder authorized initial billing amount \$ _____

By signing below and submitting for payment, I acknowledge acceptance of Ideal Rent-All Terms and Conditions.

Signature _____ Date _____
(As it appears on cardholder's credit card)

Print Name/Title _____