



6010 E. Maxwell Avenue
Evansville, IN 47715
Phone: (812) 473-1990
Fax: (812) 473-5007

Credit Card Authorization

Name on card: _____

Business Name: _____

Credit Card Number: _____ CVV: _____

Credit Card Expiration Date: ____/____/____

Card Type (Circle): Discover Visa Mastercard American Express

The cardholder hereby authorizes Hamlin Equipment Rental to apply any and all charges to the above referenced credit card account, as it deems necessary. The costs applied to the credit card account are a result of the rental or sale of goods, services, repairs, replacement of equipment or deposit to reserve rental equipment. All deposits to reserve rental equipment are non-refundable. The cardholder accepts any and all charges. All charges are determined solely by Hamlin Equipment Rental. The cardholder hereby authorizes Hamlin Equipment Rental to retain credit card information on file for the above mentioned business for future needs unless otherwise stated.

Authorization to retain information on file: YES NO

Telephone Number: (____) _____ - _____ E-mail: _____

Physical Address: _____

(Include Town/Province & Postal Code)

Billing Address: _____

(Include Town/Province & Postal Code)

Drivers License Number: _____

(Include Province)

Signature X _____

Printed
Name: _____

Confidentiality Note

This facsimile transmission (including any materials accompanying this transmission) is intended only for the use of the individual to which it is addressed and may contain information that is privileged, secret, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the transmission is strictly prohibited. If you have received this communication in error, it is requested that you notify Hamlin Equipment Rental immediately to arrange for the return of this transmission at no cost to you.