

Since 1952

## **AUTHORIZATION TO CHARGE**

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

Date:				
Customer #:	1	Fax	x #:	
Customer Name:	§			
Billing Address:				
I hereby authorize I	PDQ Renta	ls to charge \$	to m	y credit card.
(circle one)	VISA	MASTERCARD	DISCOVER	AMEX
Credit Card #:				
Name on Card: (if different than cust	tomer name)			
Expiration Date:	:	CCV2	2 #:	
Paying the follo	owing contr	act(s):		
Faxed signed form is I understand and agr			cument is legal and bin	ding.
Print Name	:			
Signature				