



*www.abcrentalparma.co  
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Parma Hts., Ohio 44130*

### **Credit Card Authorization Form**

Name on the Card: \_\_\_\_\_

Type of Card: Visa \_\_\_\_\_ MC \_\_\_\_\_ AmEx \_\_\_\_\_ Discover \_\_\_\_\_ Other \_\_\_\_\_

Account number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Order/Invoice Number \_\_\_\_\_

Amount to be Charged \_\_\_\_\_

By signing this form, you authorize \_\_\_\_\_ to charge your card for the amount listed above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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