

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN

All information will remain confidential

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MC _____ Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (3 digits located on the back of the credit card): _____

Amount to Charge: \$ _____

I authorize Select Equipment Rentals Ltd. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder—Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form to:

SELECT EQUIPMENT RENTALS LTD.

4 RIEL DRIVE, ST. ALBERT, AB T8N 3Z7

PHONE : 780-419-6100 FAX: 780-460-6417
