

CREDIT CARD AUTHORIZATION
FORM



Credit Card Billing Information:		
Company Name/Name		
Person Authorizing		
Credit Card Type		
Issuing Bank		
Credit Card Number		
CVC Number		
Expiration Date		
Billing Address		
City		
State/Province		
Zip/Postal Code		
Country		
Phone Number		
Fax Number		
Please Select One if the following Payment Options:		
Once	Bill my credit card once for the following amount	\$
	Please apply this payment to the following order invoice #	
Monthly	Bill my credit card once per month for the amount of service provided each month for all contracts with <i>The Container Guy</i>	\$
<p>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all rentals will be terminated immediately at <i>The Container Guy's</i> discretion if agreed monthly payments are 60 days overdue. Disputes to amounts invoiced should immediately be reported <i>The Container Guy</i>. This agreement may be cancelled by either <i>The Container Guy</i> or renter on one month's written notice.</p>		
<p>Changes to the status of this card can also be reported to <i>The Container Guy</i>.</p>		

Authorized Signature: _____ Date: _____