



1080 E. Ontario Blvd
 Ontario, CA 91761
 (909) 986-5300 Phone
 (909) 986-5331 Fax

Credit Card Authorization

Please fill out this form in its entirety and fax to (909) 986-5331 or e-mail to payments@kingequipmentllc.com.

BILLING INFORMATION

Company Name: _____ Contact: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____

CREDIT CARD INFORMATION

Cardholder Name: _____ (Name as it appears on card)
 Credit Card Number: _____ Card Type: Master Card Visa American Express
 Expiration Date: _____ / _____ Security Code: _____ (3 digits on back for Master Card / Visa | 4 digits on front for American Express)

PAYMENT INSTRUCTIONS

- Option 1:** Please charge my card on file for any and all amounts that are or may in the future become due and payable in connection with any rental, service, sale or any other credit arrangements existing now or in the future between myself and the Company.
- Option 2:** Please charge my card on file for any and all amounts (not to exceed \$ _____) that are or may in the future become due and payable in connection with any rental, service, sale or any other credit arrangements existing now or in the future between myself and the Company.
- Option 3:** Upon obtaining verbal or written authorization for charges from the authorized cardholder or contact, please charge my card on file for any and all amounts in the future that become due and payable in connection with any rental, service, sale or any other credit arrangements in the future between myself and the Company.
- Option 4:** One time amount of: \$ _____ (Please include remittance instructions below. Provide additional sheet(s) if required)

Invoice Number	Amount Paid	Invoice Number	Amount Paid

Receipt Preferences:

- E-mail Receipt Contact: _____ E-mail Address: _____
- Fax Receipt Contact: _____ Fax Number: _____
- No Receipt Required

GENERAL TERMS & CONDITIONS

- PAYMENT AUTHORIZATIONS MAY BE REVOKED BY SENDING WRITTEN NOTICE OF SUCH REVOCATION TO THE COMPANY IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE COMPANY A REASONABLE OPPORTUNITY TO ACT ON THAT WRITTEN NOTICE.
- CHARGES AUTHORIZED BY THIS CREDIT CARD AUTHORIZATION FORM THAT ARE ACTUALLY CHARGED ARE IRREVOCABLE AND MAY NOT BE CHARGED BACK AT ANY TIME IN THE FUTURE EXCEPT IN SITUATIONS WHEREBY THE ERROR IS ON BEHALF OF THE COMPANY.
- CASH CUSTOMERS (DEFINED AS ANY PERSON OR ENTITY DOING BUSINESS WITH KING EQUIPMENT THAT HAS NOT COMPLETED CREDIT REFERENCES OR BEEN EXTENDED CREDIT) WILL BE SUBJECT TO PAYMENT UP FRONT IN ADDITION TO ANY SECURITY DEPOSIT REQUIRED AND PAYMENT INSTRUCTIONS DO NOT APPLY EXCEPT OPTION 1.
- CUSTOMER AFFIRMS THAT THE PERSON AUTHORIZING THE CHARGE(S) IS AT LEAST 18 YEARS OLD AND LEGALLY AUTHORIZED TO USE THE CREDIT ACCOUNT SPECIFIED.
- ALL INFORMATION ENTERED ON THIS FORM WILL BE ENCRYPTED AND KEPT STRICTLY CONFIDENTIAL BY KING EQUIPMENT LLC.

AGREEMENT

I, THE UNDERSIGNED, HEREBY STATE THAT THE ABOVE DESCRIBED CREDIT CARD IS IN MY NAME AND THAT I AUTHORIZE ITS USE TO PURCHASE PRODUCTS AND SERVICES FROM KING EQUIPMENT LLC IN ACCORDANCE WITH THE GENERAL TERMS AND CONDITIONS STATED ABOVE.

 Cardholder Signature Printed Name Title Date