

CREDIT CARD AUTHORIZATION



TEL: 1-800-216-6663

FAX: 905-643-5433

Please complete the following authorization form in full so your order can be processed.

Please let it be known that I, _____, authorize EDGE1 EQUIPMENT RENTALS INC., to pay for goods or services or rentals or fuel or damages, lost or stolen equipment on my personal Credit Card Account for the following Person or Company:

Business Name

Customer Contact

Address

City

Province

Postal Code

Telephone

Fax:

Please indicate your choice of the following options:

VISA Amount: _____

MASTERCARD Amount: _____

Name on Card

Card Number

Expiry Date: _____

CVV Code: _____
(On back of card, last 3 digits printed in signature panel)

Signature: _____

Date: _____
MM/DD/YYYY

Job/Shipping Location

IMPORTANT: PLEASE READ AND INITIAL EACH LINE

1. Ride on equipment is rented by the day which is 24 hours possession with 8 hours run time (engine time), if you exceed 8 hours run time in a 24 hour period you will be charged for another day: _____
2. You must notify us when you are finished. If you fail to notify us and schedule a pick up, you will be charged for another day. You will be issued an off rental number: _____
3. Ride on equipment is full of fuel (gas or diesel) when rented. You may refuel the equipment or you will be charged a refueling fee of \$2.50 per litre: _____
4. I have been given instructions on the equipment I am renting and the terms of the contract. I have read those instructions and I agree to the terms of the rental contract: _____

PLEASE ATTACH A COPY OF THE FRONT OF THE CREDIT CARD BEING USED

330 FRUITLAND ROAD, HAMILTON, ON L8E 5M8 | 905.561.2481

1252 SHAWSON DRIVE, MISSISSAUGA, ON L4W 1C3 | 905.670.9990