



PO Box 1322
Martinsville, IN 46151
765-346-2943

Credit Card Authorization

_____ authorizes Contractors Equipment & Supply, LLC to charge my credit card listed below in the amount of \$_____ for supplies/rentals per agreed.

CARD HOLDER NAME: _____

ADDRESS: _____

*Please note that the address listed must be the same as that on the card.

ZIP CODE: _____

PHONE: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____

CVV NUMBER (LAST 3 DIGITS ON THE BACK SIDE OF CARD): _____

CREDIT CARD TYPE* (VISA OR MC): _____

Sign: X _____ I agree to pay the above total amount according to card insurer agreement.

Date: _____