

Independent Aerial Equipment
765 York Street
Elizabeth, NJ 07201
Phone: 908/527-1211
Fax: 908/527-1271

Credit Card Authorization Form

Company: _____ Date: _____
To: _____ From: _____
Fax: _____ Phone: _____

The undersigned hereby authorizes Independent Aerial Equipment to use the credit card specified below for payment of all services provided to the Independent Aerial Equipment. Please provide your credit card information below:

Credit Card Information

Billing Information

Type: _____ Name: _____
Name: _____ Address: _____
Card #: _____ City: _____
*CVV#: _____ ST, Zip: _____
Exp Date: _____
Driver's Lic# _____ DL State: _____

Please fax a copy of your driver's license

Signature below authorizes Independent Aerial Equipment to charge the above cardholder's account for all balances due to Independent Aerial Equipment for all services provided to the above-mentioned company.

Please sign below and fax this document back to my attention at 908/527-1271 as agreement and acceptance of these terms. If you have any questions, please call me at 908/527-1211.

Cardholder's Signature: _____

Cardholder's Printed Name: _____

* CVV Number is the 3 Digit Security Code on the Back of your Visa/Master Card or the 4 Digit Number on the Front of your American Express Card