



Murray's Tool Rental, Inc

3131 E Main St., Columbus, OH 43213

614-231-3657 FAX: 614-231-4114

ONE - TIME CREDIT CARD AUTHORIZATION

Please fill out the following information and fax to 614-231-4114. It will be held in strictest confidence. Please call us at 614-231-3657 after you have sent the fax so we may immediately retrieve the information.

Date: _____ Fax: _____

Customer Name: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

Name of Cardholder (as it appears on your card) _____

Company Name (if applicable) _____

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ Type of Card _____ CVV _____

Address & Zip Code bill is mailed to _____

I hereby authorize Murray's Tool Rental to use the credit card shown above for the one-time payment of \$_____.

I hereby agree to pay for the products, rentals and/or services received by Murray's Tool Rental, Inc.

Signature of cardholder _____

Date _____