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## **Credit Card Charge Authorization Form**

FIRM NAME \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

PLEASE CHECK ONE: ( ) Visa ( ) MasterCard ( ) American Express

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

INVOICE NUMBER \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

CARD HOLDER BILLING INFORMATION:

CARDHOLDER NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

I, \_\_\_\_\_ AUTHORIZE AUTOHIRE TO

CHARGE MY CREDIT CARD FOR THE TOTAL AMOUNT \$ \_\_\_\_\_..

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_