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CREDIT CARD AUTHORIZATION FORM

Company Name:				
Company Address:				
City:	State:	Zip:		
Cardholder Name:				
Cardholder Address:				
City:	State:	Zip:		
Telephone Number: (Day)	(Night)			
Email Address:				
Driver's License Number:				
State: Expiration Date:				
Type of Credit Card (circle one): Amex /	Visa/ Mastercard	I/ Diners / Di	scover Credit Card	
Number:	[xpires:	CSV:	
Cardholder personally guarantees paym and Leasing to charge their credit card		s, tolls , ticke	ts and authorizes Northeast Truck	Renta
CARDHOLDERS NAME				
CARDHOLDER SIGNATURE		DATE		

Please email a fully completed form to info@northeasttruckrentals.com. Also forward any applicable insurance certificates and/or tax-exempt forms PRIOR to rental!