



## CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION FORM AND RETURN

All information will remain confidential

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Amex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (3 digits located on the back of the credit card): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

I authorize Select Equipment Rentals Ltd. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder—Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Once signed return the completed form to:

**SELECT EQUIPMENT RENTALS LTD.**  
66 RIEL DRIVE, ST. ALBERT, AB T8N 3Z7  
PHONE : 780-419-6100 FAX: 780-460-6417