

160 Fieldcrest Avenue, Suite D Edison, NJ 08837

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CREDIT CARD AUTHORIZATION

(This form must be completely filled out, signed and returned.)

CONTRACT#:	DATE:			
ADDRESS OF CARDHOLDER:	•			
	(S	(Street)		
(City)	(State)		(Zip)	
PHONE #:	FAX	FAX #:		
TYPE OF CARD:VISA _	MASTERCARD	AMEX	DISCOVER	
CREDIT CARD ACCOUNT #: _				
CC CVV2/CVC2 CODE:(security code on back of CC)	EXPIRATION DA	ATE ON CAI	RD:	
AMOUNT OF RENTAL / SALE	: \$			
AMOUNT OF SECURITY DEP	OSIT: \$			
I,(Please print name on line abdebit my credit card for the amobreakages, shortages, additional these charges.	unts shown above and/o	r any late fee	s, damages, losses,	
SIGNATURE OF CARDHOLDI	ER:			
DATE SIGNED:				







