



Phone (323) 957-3333  
 Fax: (323) 856-6790

CREDIT/DEBIT CARD AUTHORIZATION REQUEST	
<b>Name of Cardholder:</b>	_____
<b>Address:</b>	_____
<b>Business Name:</b>	_____
<b>Office Phone No.:</b>	_____ <b>Home Phone No.:</b> _____
<b>Credit Card &amp; Bank:</b>	_____ <b>Debit/Credit?</b> _____
<b>Credit Card No.:</b>	_____
<b>Expiration Date:</b>	_____ <b>Card Verification Code:</b> _____
<b>Social Security No. (last 4):</b>	_____

I hereby authorize Galpin Motors, Inc. Rental Car Division to process the above credit/debit card for full payment of all rental charges incurred by me and/or the names listed below. It is also agreed that I may pay cash or check upon return of any vehicle(s) if I so choose. Substitution of payment in lieu of processing my credit card must be done upon return of any rented vehicles.

When signed, this document will serve as **"Signature on File"** for all rental agreements in my name and/or in the name of my company and/or in the name of individuals listed below as authorized to sign.

This agreement may be terminated by either party with 30 days written notice or upon the expiration date of the credit/debit card, whichever occurs first. Any outstanding balance owed can, and will be charged to my credit/debit card. In the event no further charges can be processed on my credit/debit card, for any reason, I agree to be personally responsible to pay those charges to Galpin Motors, Inc. upon demand.

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Driver's License No.**

\_\_\_\_\_  
**State & Expiration Date**

Important - Please Include Information Requested Below:	
<b>Name of Company:</b> _____	
Job Specific - Credit Card Authorizations	
<b>Job Name:</b> _____	
<b>Purchase Order #:</b> _____	
Individuals authorized to sign on above credit card:	
<b>Name:</b> _____	<b>DL No.:</b> _____
<b>Name:</b> _____	<b>DL No.:</b> _____