# A&E EQUIPMENT RENTALS INC.

1019 Ulupono Street ● Honolulu, Hawaii 96819
Phone (808) 847-4267  Fax (808) 842-1514

## Credit Card Authorization Form

Date: _____

Reference Contract/Invoice _____  Total Amount** $ _____

** Please note that the Total Amount shown does not include any applicable rental extensions and/or re-fueling charges incurred toward the referenced contract/invoice above. By signing this form, the cardholder is hereby acknowledging and authorizing these charges to be made.

Check One: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Card Number: _____  Expiration Date: ____ / ____

Security Code: _____

Name as it appears on the card: _____

Mailing address: _____

City: _____

State: _____

Zip Code: _____

Cardholder's telephone number: (____) _____

Cardholder authorizes A & E Equipment Rentals, Inc. to provide goods or services in the amount shown above and agrees to perform the obligation set forth in the cardholder's agreement with the issuer.

Cardholder's signature: _____

Please include: A clear copy of the cardholder's picture identification and credit card (front and back) with the signature. All documents will be handled confidentially.

Please return this form by fax to (808) 842-1514