

# OAK GROVE RENTAL, INC.

509 N Broadway Oak Grove, MO 64075

Ph# 816-690-6800 Fax# 816-690-6811 [www.oakgroverental.net](http://www.oakgroverental.net)

(Fax, Mail to the above address, or email (preferred) this form to [kharris.ogrental@yahoo.com](mailto:kharris.ogrental@yahoo.com))

## **CONFIDENTIAL CREDIT CARD AUTHORIZATION FORM**

DATE: \_\_\_\_\_

I, \_\_\_\_\_ of (Company) \_\_\_\_\_

Residing at: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (St) \_\_\_\_\_ (Zip) \_\_\_\_\_

**GRANT SIGNATURE AUTHORIZATION FOR:** (Employee Name) \_\_\_\_\_

**TO PRESENT THIS CREDIT CARD TO PAY FOR RENTAL OF EQUIPMENT, SERVICES INCURRED, AND GOODS PURCHASED FROM OAK GROVE RENTAL, INC. I UNDERSTAND THIS IS INFORMATION IS STRICTLY CONFIDENTIAL AND WILL BE HELD SECURELY AND THEN SHREDDED BY OAK GROVE RENTAL, INC. WITHIN 60 DAYS OF ABOVE DATE, OR A DATE SPECIFIED BY YOU FOR COMPLETION OF THIS PROJECT!**

(Specified end date) \_\_\_\_\_

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### **American Express - Discover - VISA - MC**

Name on card: \_\_\_\_\_

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

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

3 digit SEC code: \_\_\_\_\_

Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ (St) \_\_\_\_\_ (Zip) \_\_\_\_\_ Office Phone # \_\_\_\_\_

### **Authorized Credit Card Account Holder:**

Signature: \_\_\_\_\_

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