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Credit Card Authorization Form

Business Name:				
Name on Credit Card:				
Credit Card Billing Address:				
City:	State:	Zip:		
Billing Phone #:				
Email Address:				
Credit Card Number:				
Expiration Date:	Secur	Security Code:		
Credit Card Type:Visa	Master CardDiscov	ver CardAmerican	Express	
By signing below, you authorize the amount agreed upon in your rental equipment is not returned solutions, Inc. to charge for repa	rental contract plus a 3.75 or is returned damaged yo	% convenience fee. In ou also authorize Altern	the event the	
A copy of the front and back of a license will be needed in order to		a copy of the cardholde	r's driver's	
Cardholder Signature:		Date:	_//	