



2799 Highway 80 West Garden City, GA 31408 Ph: 912-964-1143 Fax: 912-964-1751 Email: <u>Shannon@badgerrentalservices.com</u>

<u>Credit Card Clearance</u> <u>Via Fax and Telephone Authorization</u>

Customer No	ame:				
Billing Addre	255:				
Physical Add	ress:				
E-Mail Addre	255:				
Phone:			Fax:		
Contact Pers	on:				
Phone:					
Card Informa	ation:				
Card #:			V#:	Exp. Date:	
Card Type:	Uisa				
Name on Ca	rd:				
THE	AMOUNT OF YOUR F MENT IS RETURNED. A	IRST INVOICE AN	ES TO CHARGE YOUR D SUBSEQUENT BILLI ANCE OR ANY DAMA BOVE CREDIT CARD.	ING PERIODS UNTIL AGES TO EQUIPMENT WILL	
l,			(PLEASE PRINT NAME) authorize Badger Rental		
Services to ch	narge my credit card a				
Customer No	ame (Printed)				
Customer's Si	ianature				

*** A PHOTO COPY OF CUSTOMER'S DRIVER LICENSE AND MATCHING DEBIT/CREDIT CARD (FRONT & BACK) ALSO REQUIRED ***