

To: _____ Fax #: _____

CREDIT CARD AUTHORIZATION FORM

Please fax completed form to: **503-653-6966**

COMPANY NAME: _____
Mailing Address: _____
City, State, Zip: _____
Phone#: _____
Fax#: _____

(Cardholder Information Required)

CARDHOLDER'S NAME: _____
Mailing Address: _____
City, State, Zip: _____
Phone#: _____

CARD TYPE (Circle One): VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____ Last 3#s on back of card: _____

Expiration Date: _____ (4#s on front if American Express)

Amount of Charge: _____

Frequency of Charge: **Continuous** _____ **One Time** _____

(RENTAL CUSTOMER: This credit card authorization form will be kept on file and billed until rental is terminated and Norlift of Oregon's Accounts Receivable Dept. is instructed to remove it from file.)

Cardholder's signature authorizing use of card: _____ (required)

FOR OFFICE USE ONLY	
Account #: _____	Requested by: _____
Invoice #: _____	Dept: _____
Comments: _____	
