NORTHSIDE TOOL RENTAL
CORPORATE OFFICE:
35 IRBY AVENUE
ATLANTA, GA 30305
OFFICE: 404/419-6686
FAX : 404/237-8993

In order to minimize delay of your equipment rental, please ***CIRCLE THE STORE*** below that is expecting this form.

Credit Card Authorization

_____
Date

I, _____, hereby authorize Northside Tool Rental to use the following credit card to pay for all charges to purchase or rent provided equipment:

_____ _____
Driver's License Number Name on Driver's License

The credit card I am using to pay is: ☐ VISA ☐ MasterCard ☐ American Express

_____ _____
Cardholder Name as appears on Card CID(Am Ex 4 digits) (MC/VI 3 digits)

_____ _____ _____
Name of Bank Credit Card Number Exp Date

Card Billing Address: _____

_____

Card Billing Zip: _____

_____
Authorization Name (Printed)

_____
Authorization Signature (Signed)