

${\bf 300~Natural~Bridges~Drive}$

SANTA CRUZ, CA 95060

PHONE 831-458-6080 FAX 831-458-3404

Account type: \Box Individual $\underline{2024}$	☐ Business ☐ 3 rd Party ☐ Master Credit Card Authorization Form
Dear Client,	
	n requested below to ensure the prompt processing of your rental order. ate this form. Please fax the completed form to (831)458-3404, or email to
event(s) stated below. Date of Event:	
Location of Event:	
Card type:	Card): MasterCard □ American Express Expiration Date: Or CID (4 digits on the front): Fax:
_	rill constitute a binding agreement for full payment for the above-specified led on your contract. As well, any damages incurred to rental equipment.
Signature of Cardholder	Date
_	eposits for your rental order. Returning this form will transfer your quote ed on a quote) to a rental reservation.
Signature of Cardholder	Date