

Credit Card Authorization Form

Name
Billing Address
City State Zip
Phone Number
Email or fax # to send receipt
Invoice # or Rental Agreement #
Type of Card: Mastercard VISA DISCOYER Other
Name on the Card: Amount to be Charged:
Account Number
Expiration Date Security Code Billing Zip Code
By signing below, you are authorizing Milton Rents to charge your credit card for the full amount of the rental agreement if you are a Credit Card/COD customer. For an open account customer, you are authorizing the amount listed above for a one-time payment.
Signed: Date:
Printed Name:
Milton Rents, Inc. Please return this authorization form via US Mail or Fax
FAX: 603-752-7277 If mailing Authorization, please mail to: Milton Rents, Inc., 509 Main St., Gorham, NH 03581

If mailing Authorization, please mail to: Milton Rents, Inc., 509 Main St., Gorham, NH 03581 Any questions, please contact our Office at 603-752-5588 OR AR@miltonrents.com