



**Head Office:**

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### CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize Skytec Rentals Inc. to charge my credit card account in the amount of \$\_\_\_\_\_ for the following:

- Rental of equipment (as defined by the Rental Contract/Day Bill, reference #\_\_\_\_\_)**
- Sale of equipment and/or parts**
- Service**
- Training**

The charges for rental of equipment are based upon an estimated rental time period and accordingly; I hereby authorize Skytec Rentals Inc. to charge my card with any and all applicable charges relative to finalization of the above-referenced estimated rental period and associated services.

- Visa
- MasterCard
- American Express (AMEX)

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Debits will appear on the credit card statement as "Skytec Rentals Inc."

**Credit Card Billing Information:**

Company Name: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Authorization:**

I hereby knowingly authorize **Skytec Rentals Inc.** to charge the amount shown above to the account specified above.

I agree to pay the above credit card charges in accordance with the Card Issuer Agreement.

The credit card account information provided herein shall be used only for the purposes outlined above. Any use of the credit card account information by **Skytec Rentals Inc.** is limited to the rental or sale of equipment and or parts to the Cardholder.

All information disclosed herein is true and correct, without exception. In the event the information disclosed in this credit card authorization form is in any way incorrect, false or fraudulent, the Cardholder shall be liable for all costs, expenses and legal fees incurred.

I understand that **Skytec Rentals Inc.** will apply a chargeback fee to my account in the amount of \$50.00 if I initialize a chargeback with my credit card issuer, to reverse payment without **Skytec Rental Inc.'s** permission of any of the charges authorized on this form, and I agree to pay this fee if this occurs.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date