



800.457.6616

www.skyliftequipment.com

Please complete this authorization and return it by mail, fax or email to:

P.O. Box 2224  
Irwindale, CA 91706  
fax: 626.969.8072  
info@skyliftequipment.com

## Credit Card Authorization

### Billing Information

Company Name:

Contact:

Billing Address:

City:

State:

Zip:

Email:

Phone:

Fax:

### Credit Card Information

Cardholder Name (as it appears on card):

Credit Card Number:

Zip:

Card Type:

Expiration Date: /

Security Code:

### Terms and Conditions

Credit Card Authorizations will be used for any and all amounts that are or may become due and payable to Sky Lift Rentals.

Credit Card Authorizations will be kept on file and confidential.

Charges authorized or actually charged are irrevocable and may not be charged back at any time.

Credit Card Authorizations may only be revoked by express written notice of such revocation prior to the delivery of any equipment.

### Authorization

I, the undersigned, hereby state that I am an authorized user of the above-referenced credit card and that Sky Lift Rentals has my express authorization to charge the above-referenced credit card for any and all amounts that are or may in the future become due and payable in connection with any rental, service, sale or any other credit arrangements existing now or in the future between myself and/or the above-named company and Sky Lift Rentals.

I have read and agree to Sky Lift Rentals' General Terms and Conditions.

Cardholder Signature:

Printed Name:

Title:

Date: