



**CREDIT CARD BILLING AUTHORIZATION FORM**

Credit Card Billing Information:			
<b>Company Name:</b>			
<b>Cardholders Name</b> (as it appears on the card) Please print			
<b>Credit Card Type:</b>	<b>Visa</b>	{	}
	<b>MasterCard</b>	{	}
<b>Issuing Bank:</b>			
<b>Credit Card Number:</b>			
<b>CVC Number</b> (last 3 digits from back of card or 4 digits from face of card) :			
<b>Expiration Date:</b>			
<b>Billing Address:</b>			
	<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Phone Number:</b>	<b>BUSINESS:</b>		<b>CELL:</b>
<b>Fax Number:</b>			

Disputes to amounts invoiced and changes in the status of this card should immediately be reported to Jacqui Godwin: jacqui@okotoksrentals.com.

I \_\_\_\_\_ of \_\_\_\_\_ authorize Okotoks Rentals Ltd. to process payment on the above mentioned credit card for the following invoice(s):

\_\_\_\_\_

\_\_\_\_\_

The undersigned is an authorized representative of the company stated above and/or is the cardholder.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date