

**CREDIT CARD AUTHORIZATION FORM**

Please complete the following information and email to chicagochairrental@gmail.com

|  |  |
| --- | --- |
| Invoice Number |  |
| Name of the Credit Card Holder |  |
| Credit card type |  |
| Credit card number |  |
| Expiration date |  | Cvv code\* |
| Billing address |  |
| City |  | State | ZipCode |
| Phone |  |

\*American Express code is 4 digits, located on the front of the card, above and to the right of the credit card number; MasterCard or Visa code is 3 digits, located on the back, in the card signature panel

By signing below, I authorize Chicago Chair Rental Collection to charge my credit card all amounts owing including, but not limited to, all charges for delinquent rentals, all charges for damage to any rental item(s) and any other amounts as provided under the terms and conditions. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated on this form.

The undersigned represents that s/he has the authority to request the above credit card be billed for services according to the terms stated here and without dispute.

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Signature |  | Date |  |

Chicago Chair Rental Collection ‌‌‌‌‌| POBOX 5922 Naperville IL 60567 |630.935.8879 | chicagochairrental@gmail.com