



1424 Puyallup Ave
Tacoma WA 98421
T: 253-272-1138

Credit Card Authorization

Name on Card: _____

Credit Card number: _____

Credit Card Expiration Date: ____/____/____

Credit card Type: _____

The cardholder hereby authorizes Aabergs Tool and Equipment Rental and Sales Inc. to apply any and all charges to the above credit card, as it deems necessary. The cost applied to the credit card are a result of the rental or sales of goods, services, replacement, repair of equipment. The cardholder accepts any and all charges. All charges are determined solely by Aabergs Tool and Equipment Rental and Sales Inc.

Cardholder Signature: _____

Billing Address: _____

Driver's License Number: _____

Physical Address: _____

Phone Number: _____

Email : _____

Signature x _____

Please fax or email fully completed form to (253) 272-0869 or Alexx@aabergsequipment.com