



"Over 55 years of Superior Service"

Credit Card Authorization

520 EAST LUZERNE ST PHILADELPHIA PA 19124-4226

PHONE: 215-743-2200 FAX: 215-279-8121 Email stephanie.foreman@superiorscaffold.com

All information MUST be filled out completely and returned along with a copy of your Credit Card and Driver's License. Credit Card MUST BE PRESENTED to process your first order.

Customer Information

Company _____ Cell _____
Address _____ Phone _____
City _____ Fax _____
State _____ Zip _____ EMAIL _____

Credit Card Information

Credit Card # _____
Name on Card _____
Expiration _____ Security Code _____

***CREDIT CARD SWIPE FEE OF 2.5% WILL BE ADDED TO EVERY CHARGE**

By signing below, I agree that the above information is complete and accurate, and I further authorize Superior Scaffold Services Inc. (SUPERIOR) to immediately charge the first monthly rental amount of any signed rental authorization to my credit card and to **CHARGE ALL RENTAL FEES OUTSTANDING EVERY 28 DAYS THEREAFTER UNTIL THE RENTAL EQUIPMENT IS RETURNED IN FULL**. Furthermore, I agree that if I have violated any of the provisions of the RENTAL TERMS AND AGREEMENTS for any rental lease in my name, that SUPERIOR is thereby authorized, at SUPERIOR's discretion, to charge all pertinent fees specified by the RENTAL TERMS AND AGREEMENTS to my credit card including but not limited to, all costs outstanding plus the of recapture of any equipment.

Signature _____ Date _____

Print Name/Title _____

NOTE: Signature MUST be the same as Name on Credit Card Above