



## Credit Card Authorization

**"Over 30 years of Superior Service"**

600 Center Ave. Bensalem PA 19020

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**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 3.0% 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**