



## DISCOUNT RENTAL & SALES, INC.

DISCOUNT RENTAL & SALES, INC. 1014 So. Congress Ave. W. Palm Beach, FL 33406 Ph: 561-964-4949 F: 561-433-3367,  
POWER TO GO, LLC. 1014 So. Congress Ave. W. Palm Beach, FL 33406 Ph: 561-964-4949 F: 561-433-3367 ,  
DISCOUNT RENTAL & SALES OF ORLANDO, INC. 2591 Old Winter Garden Rd, Orlando, FL 32806 Ph: 407-228-3883 F: 407-896-2585  
DISCOUNT RENTAL & SALES OF TAMPA, INC. 4506 E. 7<sup>th</sup> Avenue, Tampa, FL 33605 Ph: 813-248-2848 F: 813-248-5036  
DISCOUNT RENTAL WEST, LLC. 766 Pike Road, Royal Palm Beach, FL 33411, Ph: 561-296-9607 F: 561-296-9495  
R.A.A. ENTERPRISES, INC. 8229 S. U.S. Highway 1, Port St. Lucie, FL 34952 Ph: 772-879-7773, F: 772-879-7775  
**\*\*\* TOLL FREE 877-690-3101 \*\*\* Fax 561-433-3367\*\*\***

### CREDIT CARD AUTHORIZATION

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Discount Rental requires a photocopy of the front and back of this credit card that is listed below with the signatures clearly visible as well as a copy of the card holder's driver's license.

#### Name, address and phone number of the card holder as it appears on the card:

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Card Type: (Circle One) Master Card, Visa, Discover, or American Express Card

Is this a Corporate Credit Card?  Yes  No

Card Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 or 4-digit Pin # \_\_\_\_\_

(Located on back of Credit Card)

I agree to any and all charges placed on the above referenced credit card for any and all sales, rentals, parts & service incurred at Discount Rental & Sales, Inc. and its subsidiaries. I further agree that in the event a machine, either personally owned and/or rented, is damaged while in my possession that I will be responsible for all Repairs and Rental fees incurred and that such fees will be processed with the Credit Card information listed above. I agree to be held personally liable and further agree that if an attorney is retained to collect the charges, I will pay all reasonable attorneys fee's and incurred costs. I agree to communicate without delay any matters pertaining to charges or disputes regarding the above Credit Card. In order to preserve my rights, I understand all complaints should be submitted in writing.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please fax to: (\_\_\_\_\_) \_\_\_\_\_