



5612 North Illinois Street
 Fairview Heights, IL 62208
 Phone: (618) 277-7750
 Fax: (618) 277-7859

www.grandrentalfairview.com

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN IT TO
 OUR OFFICE BY FAX: (618) 277-7859 OR BY REGULAR MAIL.

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type:

_____ VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



In lieu of my credit card imprint, I hereby authorize **Grand Rental Station**, to make charges to my credit card. The issuer of this card identified on this form is authorized to pay the amount shown upon presentation. I promise to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.