



Credit Card Authorization Form

Company Name: _____

Cardholder Name (as shown on card): _____

Credit Card
Billing Address: _____

Phone Number: _____

Card Number: _____

Exp: _____ Security Code: _____

Card Type: ☐ MasterCard ☐ VISA ☐ AMEX

I hereby authorize VTR / PERCO / VTSS to charge my credit card above for agreed charges associated with Rental Contract / Ticket # _____.

Authorized Signature: _____ Date: _____

Any faxed payments should be sent to Credit Fax: 601-829-2500 or

Email: ar@vactruckrental.com