## **Credit Card Authorization Form**

I,	ntal and S	Safety Supply, Inc. to	o charge n	, hereby authorize ny credit card for services
Type of Card:	VISA	MASTERCARD	AMEX	DISCOVER
Credit Card Num	ber:			
Expiration Date:_				CVC Code:
Credit Card Billin	ng Address	s:		
Email:			-	
Telephone:				
Cardholder's Sign	nature:			
Date:				

**COMPLETE AND EMAIL OR FAX TO:** 

info@ajaxrentals.com FAX: 713-789-0844

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