



# Credit Card Authorization

Form: A111us  
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Date Amended: 17<sup>th</sup> March 2010  
Approved: See Operations Manual

Complete and return this authorization form with a copy of your driver's license. Please call 800-242-3910 for submission instructions.

<b>Card Type (check one)</b>	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
<b>Card Account Number</b>			Exp. Date:    Month    Year
<b>Name on Card</b>			
<b>Card Holders Address</b>			
<b>Zip Code</b>			
<b>Phone Number</b>		<b>Email Address</b>	
<b>Company Name</b>			
<b>Business Address</b>			
<b>Zip Code</b>			
<b>Phone Number</b>		<b>Fax Number</b>	
<b>UPS/FedEx #</b>			
<b>Drivers License #</b>			

### Authorisation

I authorize Ashtead Technology to use the above MasterCard, Visa or American Express account for the rental, purchases, repairs, freight, insurance or replacements costs incurred.

### Special Instructions

Detail any special instructions below.

It is understood that by signing this "Credit Card Authorization" form that it is our responsibility to immediately notify Ashtead Technology if the above credit card has been revoked, withdrawn, discontinued or made unusable for any reason. In the event that a charge card is rendered useless it is agreed that a replacement card must be immediately supplied. Furthermore this form grants our approval for Ashtead Technology to use the charge card for one or more of the following statements:

1. All costs will be billed to the above credit card.
2. If a Credit Account is approved it is understood that an unpaid balance, past 30 days, may be billed to the above credit card unless other arrangements are made.

**The undersigned ("purchaser/lessee") agrees that all purchases made by ("purchaser/lessee") from Ashtead Technology, inc. or any of it's subsidiaries and affiliated entities ("seller/lessor") are subject to our terms and conditions. Copies can be downloaded from [www.ashtead-technology.com](http://www.ashtead-technology.com) or requested from our local office. Furthermore the undersigned confirm that they and/or persons or companies who will have access to the equipment are not listed on any export or re-export denied persons lists and agree to notify Ashtead Technology should they become listed in future. Refer to [www.bis.doc.gov](http://www.bis.doc.gov) for export information.**

**Accepted By:** \_\_\_\_\_ **Company:** \_\_\_\_\_  
Signature

**Name & Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Printed

Canadian Customers: You may be charged additional fee's by your banking institution whenever a transaction is billed outside of Canada.

#### Official Use Only – Credit Card Request Approval

New Account Required (Customer must complete all sections) or Existing Account (Record card details only) Existing Account Number: \_\_\_\_\_

Authorization #: \_\_\_\_\_ Temp #: \_\_\_\_\_ (If Applicable)

Denied Parties Lists Checked with copy attached Tax Exempt Contract #: \_\_\_\_\_

Profit Center Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Support Office Controller: \_\_\_\_\_ Date: \_\_\_\_\_