

CREDIT CARD AUTHORIZATION FORM

3462 Maggie Blvd, Orlando,FL,32811 (T) 407-720-7206 (F) 407-447-9549

PLEASE COMPLETE & RETURN WITH A COPY OF YOUR DRIVERS LICENSE

COMPANY CONTACT INFORMATION			
Company Name			
Phone	Fax		
Address			
City/State/Zip			
Phone #	Fax #		
CREDIT CARD INFORMATION			
Master Card 🔲 Visa	□ AMEX □		
Card Number	Exp Date (mm/yy)		
Name on Card	CV2 / Security Code		
Card Holder Address			
City, State, ZIP			
Email			
Driver License Info State	Number		
SHIPPING DETAILS			
Fed Ex UPS Othe	r 🛛 Carrier Name		
Acct #			
INSURANCE			
INSURANCE IS THE RESPONSIBILITY OF THE RENTER TO MAKE GOOD TO THE OWNER ALL LOSS OR DAMAGE TO EQUIPMENT. ACCORDINGLY, RENTER MUST HAVE ADEQUATE INSURANCE COVERAGE IN OPERATION			
Insurance Company Phone Number			
Policy Number	Policy Renewal Date		
Policy Type	Policy Cover		
AUTHORIZATION			
I authorize 4D Concepts, LLC. to use the above MasterCard, Visa or American Express account for the rental, purchases, repairs, freight 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 4D Concepts, LLC. if the above credit card has been revoked, withdrawn, discontinued or made unusable for any reason.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.			

The undersigned ("purchaser/lessee") agrees that all purchases made by ("purchaser/lessee") from 4D Concepts, LLC, or any of its subsidiaries and affiliated entities ("seller/lessor") are subject to our terms and conditions, copy on request. 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 4D Concepts, LLC. should they become listed in future. Refer to www.bis.doc.gov for export information.

ACCEPTED BY	COMPANY	
NAME & TITLE		DATE