



WEST COUNTY

equipment rentals

DAILY - WEEKLY - MONTHLY

SHELBURNE FALLS, MA.

413-625-6463

VISION

Please complete, and return the information below:

I _____ authorize West County Equipment rentals to charge my credit card on or after this date _____, for payment of goods, or services.

Billing Address _____ Phone# _____

City, state, zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholders Name _____

Account Number _____ CVV (security code) _____

Exp. Date _____

PRINT _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in the authorization form according to the terms outlined above. This payment authorization is for the goods, and or services described above. I certify that I am an authorized user of this credit card, and will not dispute the payment with my credit company; so long as the transaction corresponds to the terms indicated in the above form.

Office use: contract number for contractual debits # _____. ACCT# _____.