



CREDIT CARD PAYMENTS
RENTAL SERVICES, INC.

<p><u>RSI office use only</u></p> <p><u>DATE:</u> _____</p> <p><u>CONFIRMATION #:</u></p> <p>_____</p>
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CUSTOMER MEMBER #: _____

NAME ON THE CREDIT CARD: _____

AMOUNT OF TRANSACTION: _____

TYPE OF CARD: VISA (OR) MASTERCARD _____

CREDIT CARD #: _____

EXPIRATION DATE: _____

BILLING PHONE #: _____

BILLING ADDRESS:

AUTHORIZING SIGNATURE: _____