



Credit Card Authorization

DATE:

I, the undersigned, authorize LCS, Inc. To (please select one):

- Charge my credit card for Job or Invoice # _____ in the amount of \$_____
- Keep my credit card information on file for all future rentals

Please note: LCS charges 3% for all credit card transactions

CARDHOLDER INFORMATION

Name:

Title:

Phone:

Email:

CREDIT CARD INFORMATION

- Corporate Card Personal Card
- Visa Mastercard AMEX

Account Number:

Expiration Date:

CVN (3 digits MC/V or 4 digits AMEX):

Cardholder Billing Address:

Cardholder or Authorized Signature _____

Please include copy of card and cardholder's ID with this form

PO BOX 6143 • Westlake Village, CA 91359
ph (818) 707-RENT fax (818) 707-7368 web rentlcs.com
