

## 301 SOUTH BROADWAY HICKSVILLE N.Y. 11801 TEL-516-681-1323 FAX-516-681-1326

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## PLEASE FILL OUT FORM COMPLETELY AND FAX BACK WITH A COPY OF CARDHOLDERS DRIVERS LICENSE AND CREDIT CARD

NAME ON CARD			
BILLING ADDRESS			
CITY			
STATE	ZIP		
HOME PHONE			
BUSINESS PHONE		•	
CHECK ONE			
VISA	_MASTERCARD	AM E	<b>EXPRESS</b>
CARD NUMBER			
EXPIRATION DATE			
SECURITY CODE			
PERSON AUTHORIZED T	O USE		
EQUIPMENT NEEDED		<u>e i el </u>	
DATE NEEDED	THRU	-	
DELIVERY ADDRESS	e		
CROSS STREET			
CONTACT PERSON ON SI	ITE		
PHONE OR CELL			

ALL INFORMATION ABOVE IS CORRECT AND BY SIGNING THIS FORM, YOU AUTHORIZE ABBEY RENT-ALL TO APPLY YOUR CREDIT CARD TO ANY CHARGES THATYOU INCUR. INCLUDING DELIVERY, PICKUP, DAMAGE, REPAIR, CLEANING, FUEL DWC AND SALES TAX. FAILURE TO RETURN EQUIPMENT BY SPECIFIED TIME AND ANY INCIDENTALS SHALL BE BILLED TO THE CARD.

I AGREE TO THE ABOVE TERMS WHICH ARE IN ADDITION TO THE RENTAL CONTRACT TERMS

CARDHOLDERS SIGNATURE