



**ADVANTAGE TRAILER RENTALS LTD.**

26420 Twp. Rd. 531A,

Acheson, AB, T7X 5A3

**Ph:** 780-962-8195

**Fax:** 780-962-8538

**BILLING INFORMATION**

Our firm will be paying for products and services rendered (start-up and recurring fees) in the following method.

CORPORATE OR PERSONAL CREDIT CARD (PLEASE PRINT CLEARLY)

CARD TYPE: \_\_\_\_\_ (Visa, MasterCard, and American Express)

CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

CARD HOLDER NAME (as listed on credit card): \_\_\_\_\_

CARD HOLDER CREDIT CARD BILLING ADDRESS: \_\_\_\_\_

CARD HOLDER CREDIT CARD BILLING PHONE NUMBER: \_\_\_\_\_

COMPANY / CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROV: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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By signing below, I am authorizing Advantage Trailer Rentals Ltd specified in the rental contract dated \_\_\_\_\_. I understand that all services and goods are to be provided are bound by the terms and conditions of the signed agreement and that all information I have provided to Advantage Trailer Rentals is correct and true to the best of my ability. I authorize Advantage Trailer Rentals to charge to my identified credit card. All recurring or the other amounts as may become due or owing under the contract. I acknowledge that I am of legal age, have provided true and complete information and if signing or subscribing on behalf of a corporation or other entity, are fully authorized to sign on behalf of or legally bind such entity. In the event of unauthorized signature on behalf of a corporate customer, I agree to be personally liable for the amount not paid when due. I authorize Advantage Trailer Rentals to charge all future monthly charges and other amounts due or owing under the contract to the credit card, until the end of the term of the contract or until all amounts owing under the contract have been satisfied in whole, or until I give written notice to # and the credit card company that no further charges are authorized and an acceptable replacement credit card and signed authorization has been provided. I will/have provided # with a copy of the front and back of the credit card that is to be used for the initial and future monthly charges.

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_