

Credit Card Payment Authorization Form

Sign and complete this form to authorize FS Solutions and/or Joe Johnson Equipment LLC to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I authorize FS So (full name)	lutions and/or Joe Johnson Equipment LLC to
charge my credit card account indicated below for	as per the rental contract signed (amount)
on, for unit number	(VIN#)
Billing Address	Phone#
City, State, Zip	Fax#
Driver's Licence #	Email
Account Type: Visa MasterCard	
Cardholder Name	
Credit Card #	
Expiration Date	
CVV2 (3 digit number on back of Visa/MC)	
Please forward my receipt to me by: 🗌 Fax	Email
CLONATURE	
SIGNATURE	DATE

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