

Credit Card Authorization Form

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ALL EQUIPMENT RENTALS REQUIRE A CREDIT CARD ON FILE. PLEASE COMPLETE THIS INFORMATION SHEET AND RETURN TO US. All information will remain confidential.

Cardholder Name:				
Billing Street Address:				
State:		Zip Code:		
Credit Card Type:	_Visa	MasterCard	Discover	American Express
Credit Card Number:				
Expiration Date:				
Security Code:				

By completing, signing, and returning this Authorization Form, I authorize Pinnacle Linens, LLC to charge the card listed above for any charges incurred during rental, including any replacement cost for lost or damaged linens. I understand that the card will be kept on file until it expires or until I request that it no longer be used.

Authorized Signature: _____

For internal use only by Pinnacle Linens, LLC							
Date Received:	Entered By:	Customer ID:					