



## Credit Card Authorization Form

Phone: (240) 892-2956 | Fax: (240) 892-2973 | Email: [cbitangcol@pinnaclelinens.net](mailto:cbitangcol@pinnaclelinens.net)  
Address: 1420 Ritchie Marlboro Rd. B5 Capitol Heights, MD 20743

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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**For internal use only by Pinnacle Linens, LLC**

Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Customer ID: \_\_\_\_\_