Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card:				
Billing Address:				
Credit Card Type:	Visa	Mastercard	Discover _	AmEx
Credit Card Number:				
Expiration Date:				
Card Identification Numl	ber:	(last 3 digits located on the	e back of the credit o	card)
Amount to Charge: \$ _		(USD)		
I authorize <u>Grand Re</u> provided herein. I agree cardholder agreement.				
Cardholder – Please Sigr	n and Date			
Signature:				
Date:				
Print Name:				
Return the completed ar	nd signed form	m to the following:		
Grand Rental Station				
64047 E 290 Rd				
Grove, OK 74344				
or fax to 918-787-5556				