

Allstate Crane Rental, Inc.
117 Medway Road
Goose Creek, SC 29445
Ph: 843-572-1697 Fx: 843-572-1422
E-mail: pmack@rentallstatecrane.com

Credit Card Authorization Form

This form must be received in our office no later than 2:00pm the day before the job and should be completed by an authorized agent of the customer. Crane will not be dispatched to the job site without an executed authorization form.

Customer Name: _____

Date of Rental: _____

I authorize Allstate Crane Rental, by signing below, to charge my credit card account **Mastercard/Visa/Amex** only for the above named crane rental charges for the total amount due. **There is a 4% fee for this service.**

Credit Card Number: _____ Exp. Date: _____ CVC2#: _____

Card Holder Name: _____ **CVC2# is 3 digit code on back of card**

Company Name: (If this is company card) _____

Office Number: _____ Cell Number: _____

Billing Address for Credit Card: _____

Card Holder Signature: _____ Date: _____

Customer email: _____ for receipt purposes.