

OAKDALE RENTAL CENTER

3133 Hadley Ave. North □ Oakdale, MN 55128
Phone: 651-777-4825 □ email: oakdalerental@yahoo.com

CREDIT CARD AUTHORIZATION

DATE: _____

ORGANIZATION
OR COMPANY: _____

CARD HOLDER INFORMATION:

NAME OF CARD HOLDER: _____

PHONE OF CARD HOLDER: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CREDIT CARD INFORMATION:

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE (CCV): _____ ZIP: _____

I authorize Oakdale Rental Center to use my credit card for the rental contract(s) Dated _____
to _____.

CARDHOLDER SIGNATURE

DATE

A PHOTOCOPY OF THE CARDHOLDER'S PHOTO I.D. IS REQUIRED DOCUMENTATION WITH THIS FORM. PLEASE NOTE THAT WE WILL ALSO REQUIRE A VALID DRIVER'S LICENSE FROM THE INDIVIDUAL AUTHORIZED TO RENT AT THE TIME OF EACH RENTAL. LIST AUTHORIZED RENTERS BELOW SEPARATED BY COMMA(S).

AUTH. RENTERS: _____
