

HEADLIGHT

PH: 646.334.7997
WWW.HEADLIGHTNY.COM
29-20 37TH AVE LIC, NY 11101

PAYMENT GUARANTEE/CREDIT CARD AUTHORIZATION

Fax back to (718) 707-9693

E-MAIL TO: MIKE@HEADLIGHTNY.COM

Account Name: _____

Guarantor Name: _____

PLACE CREDIT CARD HERE Debit Cards NOT accepted for guarantees	Place Driver's License Here
--	------------------------------------

Name on Card	Name on License
Credit Card #	D.L. #
Expiration Date	Expiration Date
Issuing Bank	State
Billing Address for Card	Last 3 digits in Signature Panel on Back of Card

I do hereby authorize billing to my credit card shown above for:

- Damage to equipment
- Loss/Non-return of equipment
- Rental charges/late equipment/extended rental charges
- Bad checks → any transaction
- Expendables, fuel or mileage charges

I also acknowledge that a photocopy or fax copy of this document shall constitute the same consent as an original.

Signature _____

Date _____