

HEADLIGHT

PH: 646.863.3070
WWW.HEADLIGHTNY.COM
149 WEST 24TH ST. N.Y, NY 10011

PAYMENT GUARANTEE/CREDIT CARD AUTHORIZATION

Fax back to (646) 863 - 3178

EMAIL TO: INFO@HEADLIGHTNY.COM

Account Name: _____

Guarantor Name: _____

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