



## SPARTA GRIP – CREDIT CARD AUTHORIZATION

Please fill in ALL information below and email to [stu@spartagrip.com](mailto:stu@spartagrip.com)

Cardholder Name: _____		
Credit Card Bank Name: _____		
Credit Card Number: _____		
Expiration Date: _____		
CVV # _____		
CC Bank Phone Number: _____		
<i>Please print billing address for above Credit Card:</i>		
Street Address: _____		
City: _____	State: _____	Zip Code: _____

*The undersigned assumes full responsibility for rented equipment including but not limited to: loss, damage, and theft.*

*I hereby authorize \_\_\_\_\_ to pick up equipment.*

*I hereby authorize Sparta Grip to charge the above Credit Card for full final payment after 30days from date of original invoice, as well as security deposits, insurance deductibles, expendables, mileage, loss and damage, late fees, and any processing fees.*

*I declare that the information I have provided is true and correct and that I am fully authorized to use the above credit card for any and all purchases and rentals.*

Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

To avoid delays in your order **PLEASE PHOTOCOPY FRONT AND BACK OF YOUR IDENTIFICATION, CARD HOLDERS IDENTIFICATION AND CREDIT CARD** and include them when sending this form to: [stu@spartagrip.com](mailto:stu@spartagrip.com)