

The Midwest Grip & Lighting Co.
221 S Franklin Rd. Suite 730
Indianapolis, IN 46219
(317) 295-2626 main
(248) 476 5964 fax



CREDIT CARD SIGNATURE AUTHORIZATION

NEW CUSTOMER PAYMENT TERMS:

ALL NEW CUSTOMERS ARE REQUIRED TO USE OR MAKE AVAILABLE A CREDIT CARD FOR THEIR FIRST EQUIPMENT RENTAL. YOUR CARD WILL BE PRE-AUTHORIZED FOR THE AMOUNT OF THE RENTAL.

NEW CUSTOMERS CAN CHOOSE TO PAY BY CHECK, BUT A CREDIT CARD WILL BE KEPT ON FILE. PLEASE COMMUNICATE YOUR FINAL PAYMENT METHOD TO YOUR RENTAL AGENT.

IF YOUR PAYMENT IS NOT MADE WITHIN 3 DAYS, YOU AUTHORIZE THE MIDWEST GRIP & LIGHTING CO. TO CHARGE THE TOTAL AMOUNT DUE TO THE CREDIT CARD ON FILE. YOU AGREE THAT NO PRIOR NOTIFICATION WILL BE PROVIDED TO YOU.

EXISTING CUSTOMERS:

YOU MUST DISCLOSE THE NAME OF THE PARTY RESPONSIBLE FOR FINAL PAYMENT OF THE EQUIPMENT BEFORE THE EQUIPMENT LEAVES THE MIDWEST GRIP & LIGHTING CO..

NO SWITCHING BETWEEN PAYEES. IF YOU ARE USING INSURANCE THROUGH ANOTHER COMPANY, YOU MUST DISCLOSE THIS AND THEY MUST GIVE WRITTEN CONSENT.

INSURANCE INFORMATION:

A CERTIFICATE OF INSURANCE IS REQUIRED COVERING ALL RENTED EQUIPMENT.

PLEASE INSURE AS FOLLOWS: MIDWEST GRIP & LIGHTING CO., 221 S FRANKLIN RD SUITE 730, INDIANAPOLIS, IN 46219.

PHONE: 317-295-2626 FAX: 248-476-5964. MIDWEST GRIP & LIGHTING CO. MUST BE LISTED AS "LOSS PAYEE" AND ADDITIONAL INSURED. IF YOU ARE RENTING A VEHICLE, THE HIRED AUTO PORTION MUST BE CHECKED AND THERE MUST ALWAYS BE AN EQUIPMENT RIDER.

REQUIRED SIGNATURE:

YES, I _____ HAVE READ THE CUSTOMER TERMS AND INSURANCE TERMS ABOVE AND I AGREE TO ABIDE BY THESE TERMS FOR MY EQUIPMENT RENTAL. DATE: _____

PLEASE PRINT LEGIBLY:

COMPANY NAME: _____

CARDHOLDER NAME: _____

Type:     

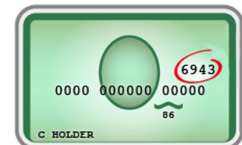
CREDIT CARD NUMBER: _____ EXP. DATE: _____

Where to find

Visa / MasterCard
3 Digits on Back



American Express
4 Digits on Front



SECURITY CODE: _____

CREDIT CARD BILLING ADDRESS: _____ BILLING ZIP CODE: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

THE FOLLOWING PERSON IS AUTHORIZED TO SIGN THE CREDIT CARD PRESENTED:

PRINT NAME: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

*A 3% CONVENIENCE FEE WILL BE CHARGED TO ALL CREDIT CARD AND DEBIT CARD TRANSACTIONS