

The Midwest Grip & Lighting Co.  
10005 Bunsen Way  
Louisville, KY 40299  
(513) 861-6779 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., 10005 BUNSEN WAY LOUISVILLE, KY 40299.

PHONE: 513-861-6779 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:          

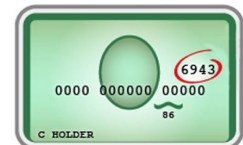
CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

**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