



CASH ACCOUNT

DATE: _____

BUSINESS/CUSTOMER PROFILE

Business Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Driver's License: _____ Exp. Date: _____

Individual responsible for rental: _____

Insurance Company: _____ Policy# _____

Contact Person: _____ Telephone: _____

(Certificate of Insurance required prior to rental)

PAYMENT METHOD/AUTHORIZATION

Cash C.O.D. Credit Card Credit Card Type: Visa Mastercard Amex

Credit Card #: _____ Expiry Date: _____ Security Code: _____

Cardholder Name: _____

Cardholder Address: *(If different from above)* _____

City: _____ Province: _____ Postal Code: _____

Driver's License # _____ Exp. Date: _____

AMOUNT AUTHORIZED: \$ _____

_____ *I hereby authorize Rapid Equipment Rental Limited to charge my credit card listed above, for any charges incurred, including but not limited to all sales, rentals, repairs, deposits, waiver of subrogation, delivery and pick-up charges, damages, and taxes. This form will be securely maintained and will remain in effect until the expiration of the credit card account.*

Sales Representative: _____ Account Name: _____

Cash Customer Account # _____ Authorized By _____