

Credit Card Authorization



Please write clearly and complete all required information. You may contact us with any questions at orders@ezwayrental.com or (802) 442-8393.

CARDHOLDER INFORMATION		
<i>Please provide the address where your credit card statement is received.</i>		
First:	Last:	
Street:		
City:	State:	Zip:
Email:		
Phone:		
CARD & BILLING DETAILS		
Card Type: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AE <input type="checkbox"/> DISCOVER <input type="checkbox"/> Other:		
Card Number:		
Card Exp Date (mm/yy):	CSC:	
Charge Amount:		
Charge Frequency: <input type="checkbox"/> ONE TIME ON ___/___/___ <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY	Purpose for charge: <input type="checkbox"/> Storage Unit #_____ <input type="checkbox"/> EZ Way Invoice #_____ <input type="checkbox"/> Other: _____	

I authorize Green Mountain Ingenuity LLC dba/ EZ Way Rental to charge my credit or debit card as described above. Upon approval, your charge(s) will appear on your monthly card statement. You may cancel automatic billing authorization at any time by contacting in writing at orders@ezwayrental.com, fax (802) 662-3016 or stop by to complete a form. Termination of payments can take up to 7 business days to take effect. I agree to provide EZ Way Rental with updated card information as necessary.

_____ Cardholder Signature

_____ Date