



Phone (323) 957-3333
 Fax: (323) 856-6790

CREDIT/DEBIT CARD AUTHORIZATION REQUEST	
Name As It Appears On Card:	_____
Billing Address of Credit Card:	_____
Business Name:	_____
Business Address:	_____
Office Phone No.:	_____ Home Phone No.: _____
Credit Card & Bank:	_____ Debit/Credit? _____
Credit Card No.:	_____
Expiration Date:	_____ CVC/CVV: _____

I hereby authorize Galpin Motors, Inc. Rental Car Division to process the above credit/debit card for full payment of all rental charges incurred by me and/or the names listed below. It is also agreed that I may pay cash or check upon return of any vehicle(s) if I so choose. Substitution of payment in lieu of processing my credit card must be done upon return of any rented vehicles.

When signed, this document will serve as "**Signature on File**" for all rental agreements in my name and/or in the name of my company and/or in the name of individuals listed below as authorized to sign.

This agreement may be terminated by either party with 30 days written notice or upon the expiration date of the credit/debit card, whichever occurs first. Any outstanding balance owed can, and will be charged to my credit/debit card. In the event no further charges can be processed on my credit/debit card, for any reason, I agree to be personally responsible to pay those charges to Galpin Motors, Inc. upon demand.

Signature of Cardholder _____
Date

Driver's License No. _____
State

Important - Please Include Information Requested Below:	
Name of Company: _____	
Job Specific - Credit Card Authorizations	
Job Name: _____	
Purchase Order #: _____	
Individuals authorized to sign on above credit card:	
Name: _____	DL No.: _____
Name: _____	DL No.: _____