

SHADOWSTONE Inc.  
One Entin Road #2  
Clifton NJ 07014  
973/458-9550 Fax: 973/458-1550  
www.shadowstone.com

## CREDIT CARD AUTHORIZATION

THIS FORM IS MANDATORY FOR ALL CUSTOMERS PAYING BY CREDIT CARD

Company Name:		
Company Address:		(City, State, Zip)
Cardholder's Name as it appears on card:	Driver's License No.:	State Issued:
Address Cardholder receives Credit Card Bill:		(City, State, Zip)
Phone Number:	Fax Number:	
Name of your Shadowstone Inc. Sales Representative or Contact:		

I, \_\_\_\_\_ hereby authorize by my signature below,  
purchase(s) and/or rental(s) of equipment &/or services from Shadowstone Inc. to be charged  
to my:

Card Type: \_\_\_\_\_, Card No. \_\_\_\_\_  
Expiration Date: \_\_\_\_\_, Security Code: \_\_\_\_\_

If renting equipment, I authorize billing to my credit card shown above for:

-Lost or Unreturned Items/Equipment

-Damage Charges

-Late/Extended Rental Charges

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO COPY OF CREDIT CARD (BOTH SIDES) & DRIVER'S LICENSE MUST ACCOMPANY THIS FORM**