

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