

**KIM'S EQUIPMENT SALES & RENTAL CORP.**

323 Hookela Pl. Honolulu, HI 96819

**Credit Card Authorization Form**

I \_\_\_\_\_ Authorize \_\_\_\_\_ to charge my credit card  
(NAME) (COMPANY)

AMOUNT \$ \_\_\_\_\_ USD.

CREDIT CARD TYPE \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

CARD CV2 # \_\_\_\_\_ (3 digit number on back of Visa/MC)

ISSUED DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_  
(As it appears on card)

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**FAX COMPLETED FORMS TO: 808-839-5252**