



BILLING INFORMATION

CONTACT INFORMATION

Business Name (if applicable): _____

Renter/Responsible Party Name: _____

Telephone: _____ Cell: _____ Fax: _____

Delivery Address (include City, State & ZIP):

Requested Delivery Date: _____ Delivery Contact (as needed): _____

Billing/Mailing Address: _____ City: _____ State: _____ ZIP: _____

Name on Credit Card: _____

Card Type: ☐ Visa ☐ MC ☐ AMEX

Credit Card #: _____

Exp: _____ / _____

Billing Address if different from above (include City, State & ZIP):

Interest will accrue at the rate of 10% per annum on unpaid balances which are more than 30 days past due. In any action or proceedings, including arbitrations, arising out of this contract, the prevailing party shall be entitled to reasonable attorney fees and litigation expenses and costs.

Authorized Signature: _____

Date: _____