



Central Florida Equipment

P. O. Box 67 • Ferndale, FL 34729-0067

Ph: 407-298-0123 • Fax: 407-298-3338

Email: info@cfequipment.com

CREDIT CARD AUTHORIZATION

In my absence, I _____ hereby authorize Central Florida Equipment to charge my credit card for the amount of \$_____ for services performed at my request.

CREDIT CARD # _____ EXP. DATE _____

VISA MasterCard Discover Amex

V-CODE _____ (3 digit code located on the back of the card at the right end of the number)

Signature of Cardholder: _____

My billing address for this credit card is:

Name: _____

Company Name: _____

Street Address: _____

City, State, and Zip: _____

Work Phone #: _____

Fax #: _____

Email Address: _____

The person named on the face of the credit card being offered for payment must complete this authorization. Please fax this page back to Central Florida Equipment at 407-298-3338, or email to Melinda@cfequipment.com.

Thank you in advance for your business!

Your High Performance Material Handling Company

Service • Sales • Rental • Parts