



**Credit Card Authorization Form**

9120 Livingston Rd, Fort Washington MD 20744

Office: 301-248-4555 Fax: 301-248-7856 Email: [help@oxonhillrentals.com](mailto:help@oxonhillrentals.com)

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Company Name (If applicable): \_\_\_\_\_

Credit Card Type (Check One): Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express \_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

3-digit CVC Security Code: \_\_\_\_\_ 4-Digit CVC (Amex) Security Code: \_\_\_\_\_

Credit Card Bill Statement Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

By completing, signing, and returning this Authorization Form, I agree to allow Oxon Hill Rentals to charge the card listed above for any charges incurred due to the rental, re-rental, or sale of items and may be used for the replacement cost of lost items. I understand that the card will be kept on file until it expires or until I request that it no longer be used.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Oxon Hill Rentals, Inc. Internal Use**

Date Received: \_\_\_\_\_ Entered By: \_\_\_\_\_ Customer #: \_\_\_\_\_