**M K Equipment Corporation**
1814 Homerule Street, Honolulu, Hawaii 96819
Office: 808.847.2965 Fax: 808.848.1594

# Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until cancelled. You may cancel this authorization at any time by resubmitting this form with the box filled below.

Account Information:

Business Name (if applicable): _____
Authorized Contact Name/Title: _____
Phone: _____ Email: _____
Address: _____
City, State, Zip: _____

Credit Card Information:

Card Type: ☐ MasterCard ☐ VISA ☐ AMEX
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV code: _____
Cardholder ZIP Code (from credit card billing address): _____

Fax, email, or mail completed *Credit Card Authorization Form* to:

MK Equipment
1814 Homerule Street
Honolulu, HI 96819

Email: rentals@mkequipment.com
Fax: (808)848-1594

I _____, authorize M. K. Equipment Corporation to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. To change or terminate this authorization, I agree to provide written notice to M. K. Equipment Corporation. If this authorization is terminated for any reason, I agree to make payment by other methods. I understand that I will still be responsible for any late fees, charges or consequences of late or non-payment. I acknowledge that the origination of transactions to my account must comply with U.S. law. By signing below, I acknowledge receipt of a copy of this Authorization Agreement.

_____ _____
Authorized Signature Date

I _____, would like to cancel this authorization.

_____ _____
Authorized Signature Date