

Credit Card Payment Form  
 Complete and return to Ingersoll Rent-All  
 by email: [accounting@ingersollrentall.ca](mailto:accounting@ingersollrentall.ca)  
 by fax: (519) 485-6283



## Personal/Company Information

Name		
Address		
City	Province	Postal Code
Account # (with Ingersoll Rent-All Inc)		

## Credit Card Information

Card Type: (Check one option)     Visa     Mastercard

Card Number															
Expiry Date				V-Code (3 Digit Code on Back of Card)											
Name on Card															

(Check one option)

I/we hereby authorize Ingersoll Rent-All Inc to debit our Visa or Mastercard account for all invoices

Send Payment Receipts by email to: \_\_\_\_\_

I/we hereby authorize Ingersoll Rent-All Inc to debit our Visa or Mastercard account for the following invoices

Invoice # _____	Amount _____	Invoice # _____	Amount _____
Invoice # _____	Amount _____	Invoice # _____	Amount _____
Invoice # _____	Amount _____	Invoice # _____	Amount _____
Invoice # _____	Amount _____	Invoice # _____	Amount _____
Invoice # _____	Amount _____	Invoice # _____	Amount _____
Invoice # _____	Amount _____	Invoice # _____	Amount _____

\_\_\_\_\_  
 Signature of Cardholder