

Credit Card Payment Form



Complete and return to Ingersoll Rent-All
 by email: 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
- 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