



CREDIT CARD AUTHORIZATION

Company Name : _____ Date: _____

Company Address: _____ City: _____

Address Line 2: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

I (print name) _____ authorize Kits & Expendables, Kitstrucks or Feature Systems to charge my credit card for deposit, rental, sale, damage, repair and or loss.

*****You must include a legible copy of the front and back of the credit card and driver's license*****

Cardholder Signature: _____ Print Name: _____

Drivers License: # _____ State: _____ Exp Date: _____

Credit Card Information

Check One : ☐ Amex ☐ Visa ☐ MasterCard

Card # : _____ Valid Month _____ Year _____ Sec Code: _____
Thru _____

☐ Please keep my credit card information on file for future use

Check One

☐ I do not want my credit card information on file for future use

Credit Card billing address (if different than company address) _____

Address Line 2: _____ City: _____ State: _____ Zip: _____

Name of person filling out form: _____ Signature: _____

CREDIT CARD PAYMENTS MAY BE SUBJECT TO A 3% SURCHARGE

PLEASE NOTE YOUR CREDIT CARD CHARGE WILL READ "JUST DO IT, INC"

Kits & Expendables
718-482-1824
718-482-1853 fax
www.kitsandexpendables.com

Feature Systems
201.531.2299
201-531-0038 fax
www.featuresystems.com

Kitstrucks
201-531-9700
201-531-9701 fax
www.kitstrucks.com