



ACME AERIALS LTD.
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HAMILTON, ON
L8H 7S3
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FAX 1-289-276-0414
EMAIL sales@acmeaerials.com

CREDIT CARD AUTHORIZATION FORM

Please Select Card Type:

Visa MasterCard

Credit Card Number _____

Expiry ____/____ Security Code: _____
(3 digits on back of card)

Print Name (as it appears on credit card)

Billing Address for this Credit Card:

Street Name _____

City _____ Province _____

Postal Code _____

Contact Phone Number _____

I, the undersigned, authorize ACME AERIALS LTD., to charge the above credit card for purchases, rentals, or services, to include **damages such as overspray of paint, stucco or any other type of coating to include labour and materials, to return the unit to its original state, prior to initiation of rental.**

Authorized Card Holder Signature

PLEASE FAX OR EMAIL COMPLETED FORM TO sales@acmeaerials.com