



Credit Card Payment Authorization Form

I _____ authorize **Local Rental Solutions Ltd.** to charge my credit card account indicated below for \$ _____ or as required YES / NO

Billing Address: _____

City & Province: _____

Postal Code: _____

Phone Number: _____

Email: _____

Cardholder Name: _____

Account #: _____

Expiration Date: _____ / _____ Security Code: _____ Type of Card: _____

Signature: _____ Date: _____