



Talamas Company, Inc. 145 California Street Newton, MA 02458 P. 617.928.0788 F. 617.928.9894

CREDIT CARD AUTHORIZATION FORM

MUST BE FILLED OUT COMPLETELY OR FORM WILL BE VOID

Company: _____

Cardholder Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please check one of the following:

VISA <input type="checkbox"/>	MASTERCARD <input type="checkbox"/>	AMEX <input type="checkbox"/>
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Last 4 Digits Credit Card#: ____ Expiration Date: __/__/__ Issuing Bank: _____

Please note that we will contact you via phone for the remainder of the card number and the security code so it can be entered directly into our system in a secure manner.

AUTHORIZATION

I authorize Talamas Company, Inc. to charge my credit card, including any and all charges that may incur for this transaction.

Cardholder Signature: _____ Date: _____

TAX STATUS

All tax exempt or insurance documents must be submitted before rental pickup.