

Galpin Motors, Inc.
 1763 N. Ivar Ave
 Hollywood, CA 90028
 Phone: 323-957-3333
 Fax: 323-856-6790



Credit/Debit Card Authorization

Company Information

For the purpose of obtaining service and/or merchandise from Galpin Motors, Inc., the following statement in writing is made, intending that you should rely on same as true and correct.

Galpin Rent-A-Car
 8353 Sepulveda Blvd.
 North Hills, CA 91343
 Phone: 818-891-1751
 Fax: 818-778-3027

Company Information:

Firm Name			
Street Address:		Phone #:	EMAIL Address:
City:	State:	Zip Code:	Year Started:
		Fax #:	Type of Business:

All charges are to be paid on the date of purchase. A 1.5% per month finance charge will be assessed on all balances past due. In the event that it becomes necessary to initiate legal action to collect funds due, it is agreed that Galpin Motors, Inc., shall be entitled to recovery of attorney's fees, court costs, and any other costs or fees allowed by law. **WRITTEN PURCHASE ORDERS ARE REQUIRED ON ALL PURCHASES** (unless other written arrangements are made).

X _____
 (Signature of Corporate Officer) TITLE DATE

 PRINT NAME

Credit/Debit Card Information:

Cardholder Name		Card & Bank Name:	
Billing Address (if different from above):		Office Phone #:	Cell Phone #:
City:	State:	Zip Code:	EMAIL Address:
		Home Phone #:	

Credit Debit Card #: _____ Expiration Date: _____ Security Code: _____

I hereby authorize Galpin Motors, Inc. Rental Car Division to process the above credit/debit card for full payment of all rental charges incurred by me and/or the names listed below. It is also agreed that I may pay cash or check upon return of any vehicle(s) if I so choose. Substitution of payment in lieu of processing my credit card must be done upon return of any rented vehilce(s).

When signed this document will serve as "Signature on File" for all rental agreements in my name and/or in the name of my company and/or in the name of individuals listed below as authorized to sign.

This agreement may be terminated by either party within 30 days written notice or upon the expiration date of the credit/debit card, whichever occurs first. Any outstanding balance owed can and will be charged to my credit/debit card. In the even no futher changes can be processed on my credit/debit card for any reason I agree to be personally responsible to pay those charges to Galpin Motors Inc. upon demand.

X _____
 (Signature of card holder) Driver's License #: DATE

 Start & End Date of Agreement

Written Purchase Order(s) Required and Must Include the Last 4 Digits of Credit/Debit Card

Company Name		Credit/Debit Card for "On File" (for multiple jobs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit/Debit Card for one job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Name:	Purchase order #:	
Individuals Authorized to sign on above Credit/Debit Card:			
Name #:	DL #:	Name #:	DL #: