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CREDIT CARD AUTHORIZATION (CARD NOT PRESENT ENVIRONMENT)

Company Name: _____

Business Phone #: _____ Business Fax #: _____

Accountant's Name: _____ Accountant's Email: _____

Name Of Card Holder (please print): _____

Credit Card #: _____ Expiration Date: _____

CVV/Security Code#: _____ Card Holder's Email: _____

Type: AMEX VISA MC DISC

*****Please contact your credit card company to allow charges for "Tolls and Bridge Fees" to be accepted to avoid fraud prevention declines*****

AS OF JANUARY 1, 2019, EDGE AUTO RENTAL NO LONGER ACCEPTS DEBIT CARDS

Credit Card Billing Address:

 Street Address Apt. / Suite Number

 City State Zip code

I, _____ (please print) authorize Edge Auto Rental to process all charges for the above renter on my credit card. When signed, this document will serve as a signature on file for all rental agreements in my name and/or in the name of my company.

Any outstanding balance can and will be charged to my credit card. In the event no further charges such as parking, tolls, moving violations or damages can be processed on my credit card, I agree to pay Edge Auto Rental upon demand.

Signature: _____ Date: _____

****This authorization is not complete without a photocopy of your Driver License & Credit Card****

