

Nashville Van Rentals LLC  
2403 Brick Church Pike  
Nashville, Tennessee 37207  
T:615-609-0001  
F: 615-650-1550  
nvrnashville@gmail.com

### Credit Card Payment Authorization Form

Sign and complete this form to authorize **Nashville Van Rentals LLC** to make a debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the non-refundable deposit and total rental balance amount indicated on quote. This is permission for RENTAL AGREEMENTS between Nashville Van Rentals LLC and \_\_\_\_\_ only and does not provide authorization for any additional unrelated debits or credits to your account.

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#### Please complete the information below:

I \_\_\_\_\_ authorize **Nashville Van Rentals LLC** to charge my credit card  
(Authorized Representative)

account indicated below for van rental agreement(s) \_\_\_\_\_ on or after  
(date) \_\_\_\_\_. Note: Non-refundable deposit due at confirmation of quote.

This payment is for van rental agreement(s) to \_\_\_\_\_.  
(Individual or Company Name)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LIST ALL AUTHORIZED DRIVERS: (PLEASE PROVIDE A COPY OF DRIVERS LICENSE FOR EACH DRIVER) - \$9.95 Additional Driver Fee

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

PLEASE ATTACH COMPANY CERTIFICATE OF INSURANCE.

CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_