

Weekly Rate Form

**► Credit Card
Authorization Form**

Orlando Corporate Rentals, LLC.
304 W Colonial Drive.
Orlando, FL 32801

P 321.415.1588
F 720.306.3274

INSTRUCTIONS

1. Complete form with credit card billing information	SUBMIT TO: 1-720-306-3274 Orlando Corporate Rentals, LLC ATTN: Credit Card Billing
2. Sign where indicated	
3. Submit this form back to Orlando Corporate Rentals, LLC by fax	

Date _____

Check In: _____ Check Out: _____

* Cardholder Name: _____

* Credit Card Visa MasterCard American Express

* Card Number: _____

* Expiration Date: _____ * CVV Number: _____ (3-4 Digit Security Code)

* Billing Address: _____

* City: _____

* State/Province: _____ * Zip/Postal Code: _____

* Country: _____

* Phone Number: _____

Email Address: _____

I authorize Orlando Corporate Rentals, LLC. to charge my credit card in the amount of:

\$ \$299.99 + \$37.50 tax = \$337.49 **USD (U.S. Dollars)**

* Printed Name: _____

* Signature: _____

* Date: _____ * **Required Fields**

FOR SPACE MACHINE INTERNAL USE ONLY (do not complete this section)

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES

4 Week Rate Form

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Check In: _____ Check Out: _____

* Cardholder Name: _____

* Credit Card Visa MasterCard American Express

* Card Number: _____

* Expiration Date: _____ * CVV Number: _____ (3-4 Digit Security Code)

* Billing Address: _____

* City: _____

* State/Province: _____ * Zip/Postal Code: _____

* Country: _____

* Phone Number: _____

Email Address: _____

I authorize Orlando Corporate Rentals, LLC. to charge my credit card in the amount of:

\$ \$1095 + \$136.88 tax = \$1231.88 **USD (U.S. Dollars)**

* Printed Name: _____

* Signature: _____

* Date: _____ * **Required Fields**

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