



AUTHORISATION TO CHARGE CREDIT CARD

Card Type: Visa MasterCard American Express

Card Number:

Card Expiry Date:

Cardholders Name:

Cardholders Signature:

We hereby authorise PC Rentals Limited to charge the above credit card for outstanding amounts in the account titled:

Account Name / Code:

Amount to Charge:

Date of Authorisation:

Signature of Authoriser:

Name of Authoriser:

Special Instructions:

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PC Rentals Fax Numbers

Auckland 09 302 1157
Wellington 04 499 9818
Christchurch 03 365 7347

ACCOUNT NAME
ACCOUNT CODE
RENTAL AGREEMENT