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Main: 503-256-7330, Fax: 503-256-7740
Website: landmarkequipment.com

Credit Card Authorization Form

Please complete all fields **We ask that you only provide the info below & not the full CC information. Please call in to give us the full information.** You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA
Cardholder Name (as shown on card): _____
Last 4 of Credit Card Number: _____
Expiration Date (mm/yr.): _____
ZIP Code for Card: _____

I, _____, authorize Landmark Innovations dba Landmark Equipment to charge my credit card above for agreed upon purchases, services &/or rentals. I understand that my information will be saved to file for future transactions on my account.

Customer Signature: _____

Date: _____

Please Print Name: _____

**To Ensure Proper Crediting of Your Account, Please
Direct Your ACH Remittance to:**

ar@landmarkequipment.com