



Business Credit Card Authorization Form

Name & Address:

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax ID #:
Your Address:			
City:	State:	Zip:	Phone #:

Company Information:

Type of Business:	In Business Since:	Business Website:	
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:			
City:	State:	Zip:	Email and Phone # of Principal Listed Above:

List of Authorized Employees:

Name of Employee:	Phone number of employee:	Authorizing agent and signature:

Credit Card Info:

Name on card:	Credit Card #:	Exp:	CVV:
Address for card:		City:	State: Zip:

By signing below, you understand that filing out this form is not the only step to completing a successful "Business Profile" with "AARENTAL Inc." You must also send a copy of the Valid Driver's License of the individual signing this form. The form must be completed in its entirety. Once the form has been completed an individual from the "AARENTAL Inc." management team must vet and approve the form; this may take up to 10 business days.

I understand that this authorization will remain in effect until I cancel in writing and agree to notify "AARENTAL Inc." in writing of any changes in my account information or termination of this authorization. I certify that by signing below I am an authorized user and authorize anyone listed on this form to use this account and credit card and will not dispute these transactions; so long as the transactions correspond to the terms indicated in this authorization form.

X

Principal Responsible for Business Transactions: _____

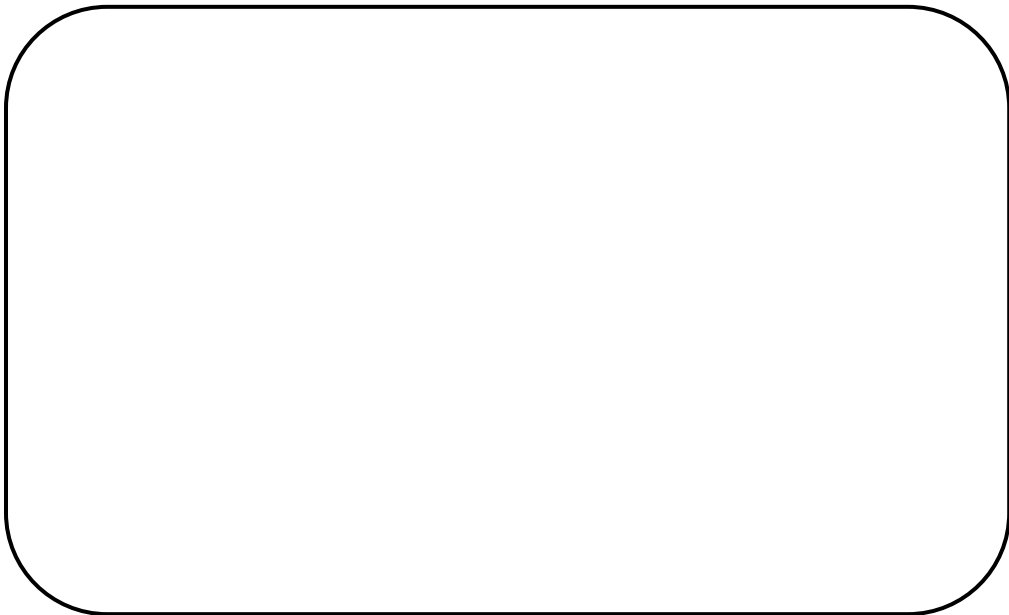
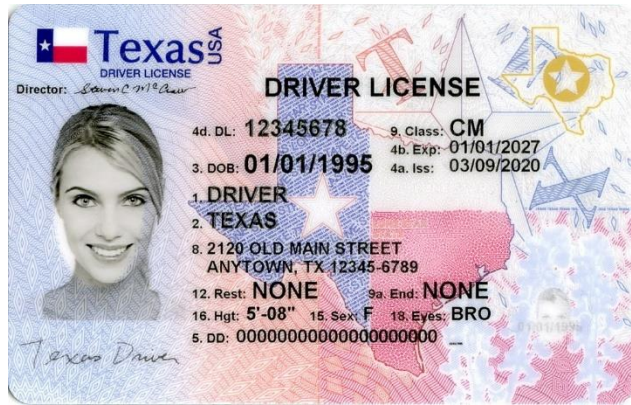
Date: _____



Please remember that to successfully complete this form you must attach a copy of your valid driver's license. It must be legible like the example below. Thank You

Email this completed and signed for along with your driver's license copy to:

Sales@aarental.net



AARENTAL Inc. Management approval:

Approved by: _____ Date: _____