

MCGUIRE

FURNITURE RENTAL & SALES



Credit Card Authorization Form

Please Print

Cardholder's Name: _____

Cardholder's Billing Address:

Street: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone Number: () _____ - _____

Secondary Phone Number: () _____ - _____

- Option 1) Deduct initial payment only
- Option 2) Deduct rent payment automatically each month
- Option 3) Deduct initial payment & rent payment automatically each month

Credit Card Information:

Card Number: _____ - _____ - _____

Expiration Date: _____ - _____

Card Type: Visa MasterCard American Express Discover

Cardholders Signature: _____ Date: _____ - _____ - _____

McGuire Furniture Rental & Sales

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