Pumping Services, Inc.

An Employee Owned Company

CREDIT CARD AUTHORIZATION

I authorize Pumping Services, Inc. to charge the credit card listed below for the charges incurred by the company/user listed below. I am an authorized user of this credit card and will maintain adequate available credit on this card to cover all charges. If for any reason Pumping Services, Inc. is unable to satisfy the charges authorized herein, I will pay the shortfall within two (2) business days after being notified. In the event I default on this guarantee, I agree to pay reasonable attorney's fees and all costs of collection as well as a monthly 1-½% service charge on my outstanding balance.

I understand that rental orders will be billed in advance every 28 days. If equipment is returned before all rental charges are due and a balance remains on my account it will be refunded to my credit card.

It has been explained to me that field service will be invoiced by the hour at an hourly rate of _____ and that billing commences once you begin mobilization and ends upon return to your shop regardless of traffic or other delays beyond your control. I also understand that if I cancel after mobilization begins I will be charged for your time the same as outlined above.

NAME: _____ SIGNATURE: _____

NAME ON CARD: _____ COMPANY: _____

BILLING ADDRESS OF CARD: _____ SHIP TO ADDRESS: _____

_____ _____

BILLING PHONE: _____ SHIP TO PHONE: _____

Visa and MasterCard Users Please Complete this Section

For Visa and MasterCard Holders

For your security, we require that you provide your card's verification number which is a 3-digit number printed on the back of your card to the right of your card number.

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Verification Number: ☐☐☐ Expiration Date: ☐☐ / ☐☐

American Express Users Please Complete this Section

For American Express Card Holders

For your security, we require that you provide your card's verification number which is a small 4-digit number printed on the front of your card on the right hand side.

Card Number: ☐☐☐☐ ☐☐☐☐☐☐ ☐☐☐☐☐

Verification Number: ☐☐☐☐ Expiration Date: ☐☐ / ☐☐

Please Return Via Fax to (732) 469-5912

201 Lincoln Boulevard • P.O. Box 117 • Middlesex, NJ 08846-0117

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