

The Total Table  
26 Industrial Blvd.  
Paoli, PA 19301  
(610) 651-2724 (610) 651-2918 FAX

**CUSTOMER CREDIT CARD REQUEST FORM**

Company Name: \_\_\_\_\_ TT Rep: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Email: \_\_\_\_\_

**Please charge all orders to my Credit Card. (Signature below authorizes rental charges.)**

Credit Card Information: \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Code: \_\_\_\_\_

Name as it appears on the Credit Card: \_\_\_\_\_

Billing Address (exactly as it appears on your statement): \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_

I hereby authorize The Total Table, Inc. to charge to my credit card in full for each rental linen item that is not returned or returned damaged. The Total Table will inform the client of any damaged or missing items prior to this card being charged.

In the event of a returned check, The Total Table, Inc. has the authority to charge this credit card for the full amount of the rental plus a \$30.00 return check fee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please print name here: \_\_\_\_\_

**CONFIDENTIAL**

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