



Agreement # _____

Authorization to Process Payment- Credit Card

I hereby authorize you to charge the credit or debit card account identified below for the payment amounts due under my Rental Lease Agreement (together with any related fees, taxes, or charges that are due and owing) with you. This authorization will remain in full force and effect during the term of my Rental Lease Agreement until cancelled by you, or you receive my written revocation at:

Brook Furniture Rental, Inc.
Attn. Autopay Manager
100 Field Drive Suite 220
Lake Forest, IL 60045
Fax # 630.960.6207

Cancellation or revocation of this authorization, does not affect any other payments authorized by me prior to such cancellation or revocation or in the future. I confirm that I am authorized under the terms of the applicable agreement with my bank or credit card issuer (the "Bank Agreement") to use the account that I have designated for payment. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable bank or credit card issuer to pay any charge in full does not release me from liability for obligations owing to you. I agree to comply with my Bank Agreement at all times that this authorization is in effect.

Credit Card Debit Card

Card Type: <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express				
Lessee Name:				
Name as it appears on Credit Card:				
Billing Address:				
City:		State:		Zip Code:
Card Number:				Exp Date:

Authorized Signature: _____

Name (type or print): _____ Date _____