



CREDIT CARD AUTHORIZATION FORM

Please fill out the information below to authorize Dent Source, LLC and/or D S Rentals, LLC to charge the below credit card for rental related charges accrued during the duration of your time in the rental. This form will be kept on file for the specified charges to be billed for the time period the customer in in the rental listed below. This credit card is to be used for charges for:

Customer Name: _____ Ph. # _____

Email: _____

Address: _____

Rental Unit #: _____

By Signing in the space below and providing a copy of my Driver's license; and, the Credit card back & front with my name clearly visible,

I hereby authorize Dent Source, LLC and/or D S Rentals, LLC to charge the credit card listed below for the following charges:

Fuel – (\$25 per quarter tank to refuel for failure to return on a full tank)

Smoking – (\$450 cleaning fee assessed for smoking in rental)

Pets – (\$450 cleaning fee assessed for pets in rental)

Tolls and Parking Fees - (Charged at rate of toll/bill/invoice)

4% Credit Card Processing Fee

Other Charges: _____

Name of Card Holder clearly printed: _____

Billing address of card holder: _____

Phone #: _____

Email Address: _____

Type of Credit/Debit Card:

☐ Visa ☐ American Express ☐ Master Card ☐ Discover Card

Card Number: _____

Expiration Date: _____ CVC: _____

I agree to be responsible for all charges as noted above for myself, any of my guests for the duration of time that I was in the rented vehicle. I Certify That I am an authorized user of this credit card and that I will not dispute this payment: as long as the transaction corresponds to the terms indicated in this form.

Cardholder signature

Date



Dent Source, LLC

Car Rental Acknowledgements

_____ Promissory to return the rental car with the fuel full and I understand that should I fail to refill the car, I will be charged \$25 per quarterly increments, upon return.

_____ Dent Source prohibits all types of smoking in its cars, including vaping. In keeping with this policy, if a car comes back to us smelling of any type of smoke, including e-cigarettes vapors, I will be charged a cleaning fee, up to \$450. I agree to not smoke in the rented vehicle.

_____ Pets are prohibited from our rentals, due to shedding, stains, and damage. I understand that should I return the rental with pet hair and/or stains caused by pets, I will be charged a cleaning up to \$450.

_____ I understand that I must NOT take the rental out of state without written consent from an Authorized Representative from Dent Source, LLC.

_____ I understand that I am responsible for any fees incurred while I am in possession of the rentals, to include but not limited to tolls and parking.

_____ I understand that the vehicle is of no charge to me, the customer, however, D S Rentals LLC will bill my insurance company directly. If I receive a payment for my rental, I am aware that I need to contact Dent Source immediately and to send the payment. I understand that should I fail to send in the payment, Dent Source will take any and all policy holders on this policy and the insurer to a court of law within the legal jurisdiction of D S Rentals headquarters, in Oklahoma County, OK.

X _____ Date _____



D S RENTALS, LLC AUTHORIZATION AND DIRECTION OF PAY

I am choosing D S Rentals, LLC as my rental company of choice while my vehicle is being repaired.

I authorize _____ to pay D S Rentals,
(Insurance Company)

LLC directly upon completion and return of my personal automobile. I understand that should my insurer send the payment directly to me or any other policy holder on my insurance policy, I will forward the payment directly to D S Rentals, LLC at the address below. Should I choose to keep the rental payment, I understand that D S Rentals, LLC will take any and all policy holders on this policy and the insurer to a court of law within the legal jurisdiction of D S Rentals, LLC headquarters in Oklahoma County, OK.

X _____ Date: ____/____/____

Vehicle Owner Printed Name: _____

Vehicles Description: _____
Year/Make/Model

V.I.N. _____
(Must be 17 alphanumeric characters)

Claim Number: _____

Date of loss: ____/____/____

Home Office: D S Rentals, LLC
Telephone: 405-643-6444
Email: D_S_RENTALS@OUTLOOK.COM

Federal Tax ID: 87-3334393
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Oklahoma City, OK 73149