

# Iremco

15510 Olive Boulevard, Suite 200  
Chesterfield, MO 63017  
Phone (636) 530-7171  
Fax (636) 530-1686

## Credit Card Authorization Form

We accept Mastercard and Visa credit card payments for your rental account.

All terms and conditions of payment per your lease will apply to paying by credit card, including, but not limited to:

Payments (Authorization Forms) must be completed and returned to our office on the 1st of the month to process.

Any forms received after the 5th of the month (or if the information is missing, not legible or incorrect), late fees will be incurred.

If the payment (Authorization Form) is mailed, any postmark after the 5th of the month will incur a late fee.

Any credit card payment "Denied" will incur the applicable late fees until either the payment is approved or an alternate form of payment is given.

Additional terms and conditions for credit cards:

Each individual credit card payment will be assessed an administrative processing fee of \$15 per transaction

The Authorization Form must be mailed, faxed, hand delivered or emailed, filled out completely with amount (including processing fees).

Fax Number & Email Addresses for each Account Supervisor

Kelly [kmauer@iremcostl.com](mailto:kmauer@iremcostl.com)

Karen [kmaechler@iremcostl.com](mailto:kmaechler@iremcostl.com)

Tracy [twakelam@iremcostl.com](mailto:twakelam@iremcostl.com)

Fax (636) 530-1686

Credit Cards can be processed in person at the above address only. Site offices do not accept payments.

If cardholder is not a leaseholder (effective 8/29/2006), cardholder must present credit card and government issued photo ID at our office.

Please include a telephone number where we may reach you during the day if there are any problems.

Home (\_\_\_\_\_) \_\_\_\_\_

Office (\_\_\_\_\_) \_\_\_\_\_ x \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_

Check Here

If you would like an electronic receipt sent directly to your cell phone.

**Lessee Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Credit Card Number (16 digits)** Mastercard ( ) Visa ( )

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**Expiration Date (Month / Year)**

**Authorization Code:**

Three Digit Code - located on the backside of the credit card, near the signature strip area

Payment Amount	+ \$15 Processing Fee	Total Authorized Amount
\$	+ \$15.00	= \$

**x**  
\_\_\_\_\_  
**Cardholder Signature to authorize Iremco, Inc. to process this payment.**

\_\_\_\_\_  
**Date**