



CREDIT CARD AUTHORIZATION FORM

Please return completed form via; fax, email, or mail.

Cardholder Name: _____

Billing Address: _____

City/State: _____ Zip Code: _____

CC Type: Visa: _____ Master Card: _____ Discover: _____ AmEx: _____

CC Number: _____ Expiration Date: _____

CC Identification number (3-digits on back) _____

Amount to charge: _____

Card Holder Signature: _____

I authorize The Rental Company to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that unless another form of payment is provided, this credit card will be processed for the remaining balance of my invoice on the day of my event.

Clients Name Printed: _____

Clients' Signature: _____

Client's Phone _____

Client's Email Address _____

Event Date: _____

Event Location: _____

All information will remain confidential.