



CREDIT CARD AUTHORIZATION FORM

DATE _____

CREDIT (Check One) VISA MASTERCARD AMEX DISCOVER

CREDIT CARD ACCT # _____

EXP. DATE (MM/YY) _____ V-CODE _____ BILLING ZIP _____

NAME ON CARD _____

PHONE # (_____) _____ - _____

EMAIL _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____, authorize **AUDIO RENTS, INC.** to charge this credit card for specified rental charges and/or security deposit for services provided to_____. Furthermore, I authorize charges for late fees, additional days of rental, damage and/or replacement of contracted equipment.

Please include a copy of the credit card – front and back and email it to info@audiorents.com

Cardholder's Signature