



10834 Burbank Blvd. Ste A-100 North Hollywood, CA 91601
Bus (323)461-4290 or (888)406-8164
Fax (323)461-4292 or (888)406-8165

CREDIT CARD AUTHORIZATION FORM

CUSTOMER NAME & ADDRESS: _____

BILL TO: _____ **PHONE NUMBER:** _____

COMPANY: _____ **EMAIL ADDRESS:** _____

DRIVERS LICENSE or PASSPORT NUMBER: _____ **EXP DATE:** _____

By signing below you hereby agree and give permission to **Action Audio & Visual Inc.** to authorize and/or charge the credit card provided for securing use of equipment. Payments using our payment or financing plans are automatically deducted on the 1st of each month. Any payment not received by the scheduled pickup date, or within 30 days of scheduled return date for Net 30 accounts, will be subject to finance charges. Current finance charge rate is 2% per month pro-rated on a weekly basis. In the event of loss, damage, theft of equipment as described in the rental agreement, by signing below you give **Action Audio & Visual Inc.** the authority to use these authorized funds as payment towards the reimbursement of any loss or damage of any equipment left in your care. By signing below you also agree to pay a cancellation fee if 24 hours prior notice to the scheduled rental pick-up time is not given. By signing below you also agree not to file a chargeback for return of these funds if it is found that the Lessee as described in this agreement is responsible for such loss as described in the rental agreement or if cancellation fees apply. In the event that the rental term is extended past the due date and rental, or loss and damage, or crew services overtime exceed the original charge amount, you hereby give permission to **Action Audio & Visual Inc.** to authorize and/or charge the credit card provided once again for the purposes of settling any unpaid debt.

CUSTOMER NAME (Please Print): _____

CUSTOMER SIGNATURE: _____ **DATE:** _____

Circle One: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____ **EXPIRATION DATE:** _____

3-DIGIT SECURITY NUMBER (On Back of Card - 4 -Digits for Am Ex): _____

Credit Card Billing Address: (if different from above): _____

***** Include photocopy of credit card and picture identification with this form *****