



AUDIO DEPARTMENT, LLC
2700 W. Burbank Blvd., Burbank, CA 91505
Phone: 818-566-6526

Audio Department Rep: \_\_\_\_\_

Credit Card Authorization Form

Customer/Company Name: \_\_\_\_\_

Account type: [ ] Personal [ ] Business

CREDIT CARD INFORMATION

Card type (select one): [ ] MasterCard [ ] Visa [ ] American Express [ ] Discover
[ ] Other: \_\_\_\_\_

Name (As it appears on the card): \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date (MM/YYYY): \_\_\_\_\_

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

AUTHORIZED CREDIT CARD USER

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Identification/Driver's License #: \_\_\_\_\_

Position with company/business: \_\_\_\_\_

AUTHORIZATION

Please CHECK ONE payment option:

[ ] One Time Use - Amount Authorized \$ \_\_\_\_\_ Invoice Number: \_\_\_\_\_

[ ] Keep CC Authorrization on file for future purchases/rental charges. Initials: \_\_\_\_\_

I authorize Audio Department, LLC to charge the above credit card for any and all charges posted to the above account including purchases, rental equipment, charges for missing or damaged rental equipment and insurance deductibles not paid by my insurance company. I understand that these charges will be processed upon my direct instruction to do so or that the charges will be processed in the event of the applicant's failure to remit payment within the specified terms for the applicant/company. I certify that I am the owner of the credit card indicated above and will not dispute the scheduled payment with my bank/credit card company; provided that the transactions match with the terms described on this authorization form.

For recurring transactions, I understand that my information will be saved on file for future transactions on my account and authorization will remain in effect until I formally request cancellation.

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

IDENTIFICATION IS REQUIRED.
PLEASE PROVIDE PHOTOSTAT COPY OF THE CREDIT CARD (FRONT/BACK) AND
DRIVER'S LICENSE OF CARDHOLDER.

WHEN EMAILING COMPLETED FORM, PLEASE CC ACCOUNTING@AUDIODEPT.COM