



PAYMENT AUTHORIZATION FORM

Event: _____

Date of Event: _____

Name: _____ (Please Print)		
Company: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: (____) _____	Fax: (____) _____	

<p style="text-align: center;"><u>DEPOSIT</u></p> <p>_____ Please charge my credit card 50% upon receipt of this form.</p> <p>_____ I will issue a check for 50% of the total cost. Check # _____</p> <p>_____ I have submitted a cash payment of \$ _____</p>

<p style="text-align: center;"><u>REMAINING BALANCE</u></p> <p>A cash payment or check for remaining balance a minimum of 48 hours prior to delivery of equipment. <i>Rentals will not be delivered if final payment is not received.</i></p>
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Note: Any charges for damaged or missing items will be charged to credit card.

Total Events must have a credit card number on file for security purposes

MasterCard Visa American Express

Account Number: _____

Expires: ____/____ CV2 (3-digit code on back of card): _____

Cardholder Name (Printed): _____

Street: _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____