



AUDIO DEPARTMENT, LLC

2700 W Burbank Blvd, Burbank, CA 91505 USA
Phone: 818-566-6526

AD Rep: _____
FAX COMPLETED FORM TO: 818-566-6516
EMAIL COMPLETED FORM TO:
ACCOUNTING@AUDIODEPT.COM

Customer Name _____

CREDIT CARD HOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint, I _____,
(Name of cardholder as shown on credit card)

hereby authorize AUDIO DEPARTMENT, LLC to charge my

(Issuing Bank/Financial Institution Name)

(Credit Card Number)

CVV Code (Last 3 digits on back of card)

(Expiration Date - Month/Year)

Bill To (credit card holder):

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____

Ship To (If different):

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____

Please **CHECK ONE** payment option:

- For **ALL** present and future transactions
- For **THIS TRANSACTION ONLY**

in the amount of \$ _____ for the payment of
(Print clearly USD)

_____ and any additional
(Rental Contract/Service or Sales Order)

charges resulting from this transaction (e.g. expendables, Missing/Damaged Equipment, shipping charges, rental extensions or equipment additions).

Sales Return Policy:
Returns are subject to restocking fees. These fees will be deducted from any customer refund amount.
Rental Cancellation Policy:
Our Rental Technicians will assemble, test, package, and reserve this equipment especially for you. All rental reserve orders cancelled less than 24 hours from pick up date will be charged a preparation fee up to one-half day's rental charge of the equipment package.

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card.

X _____
(Signature of Cardholder)

(Date)

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