

# Credit Card Authorization



Date of Event \_\_\_\_\_ Location of Event \_\_\_\_\_

Event or Company Name \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

☐ This is the Final Payment Due

☐ This is a partial payment / deposit due at this time.  
☐ Additional payments/charges may be applied due to additional requests on Equipment or Labor.

This letter authorizes American Audio Visual Center, Inc. to charge our company credit card, or my personal credit card in the amount of \$ \_\_\_\_\_

The Credit Card Account #

Verification Code (if visa or mastercard)

\_\_\_\_\_ Last 3 digits on back of card

Expiration Date

Name as it appears on the card

Card holders signature **X** \_\_\_\_\_ Date \_\_\_\_\_

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## ***Below for internal use only***

Authorization Code \_\_\_\_\_

\* Please imprint the Front of the Credit Card below or photocopy both Front and Back of Credit Card and attached to this form, also attach a photocopy of valid drivers license.