



CREDIT CARD AUTHORIZATION FORM

Show/Artist: _____ Quote: _____

Company: _____ Phone: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Booking Contact: _____ Title: _____

Booking Contact Email: _____ Phone: _____

Accounting Contact: _____ Phone: _____

Accounting Email: _____

CREDIT CARD INFORMATION

Credit Card Type: _____ Mastercard _____ Visa _____ AMEX

Credit Card Number: _____

Expiration Date: Month: _____ Year: _____ CVV(Security code): _____

Cardholder Name: (As Shown on Card): _____

Address: (Billing Address for Credit Card): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Signature: _____ Date: _____

Instructions: Fill in ALL the requested information for credit card billing. Print this page out, sign, date, and fax this page to 818.848.4016 or email to ar@centerstaging.com.

I authorize CenterStaging LLC to charge my credit card for the quote amount and any additional charges incurred as outlined in our rental agreement (please read the rental agreement for all terms), including damage charges, missing items, and late charges. Please follow all terms agreed upon to avoid any additional charges.