



# CENTERSTAGING

LA's Premier Rehearsal and Backline Facility

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## 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 [dixie@centerstaging.com](mailto:dixie@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.