



EVENT RADIO
RENTALS INCORPORATED

Credit Card Authorization Form Fax to: 646-862-8934

Bold Face Captions Required

Name on Card _____

Business Name on Card (if applicable) _____

Credit Card **Billing Address** _____

City, State, **Zip** _____

Phone _____

Fax _____

E-mail for Credit Card Receipt _____

Card Type () Visa () MasterCard () Discover **Sorry, we no longer accept the AMEX card**

Card Number (print clear!) _____

Exp. Date _____

Security Code CVV2 (3 digits on rear Visa/MC/DC) _____

Amount to be Charged \$ _____ Security Authorization Amt \$ _____

Rental Contract No/ Sales Invoice No _____

Authorized Cardholders Signature _____

() Yes () No Authorization to use this card for all future transactions

Comments/
Instructions _____
