

Match:

ADVANCED MULTIMEDIA INC

1904 Cedar St.
Holt, MI 48842
(517) 980-3456 cell

Credit Card Authorization Form:

I authorize Advanced Multimedia, Inc. to bill my credit card \$ _____ dollars as payment for the upcoming or completed rental, sales and/or missing & damaged equipment and I understand that my credit card will be pre-authorized (and charged at the same daily rental rate for every additional day that the equipment is not turned in. Debit not recommended. If your payment is not made within 3 days, you authorize Advanced Multimedia to charge the total amount due to the credit card on file. You agree that no prior notification will be provided to you.

Credit Card Type: (Circle One) **VISA / M/C / AMEX / DISCOVER**

Credit Card Number: _____

3-Digit Security Code (on back): _____

Expiration Date: _____

Billing Zip Code: _____

Print cardholder's name and address as billed on credit card statement.

First Name: _____ *Last Name:* _____

Company Name (if on card): _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Cardholder's Driver's License Number: _____

Signature of Cardholder: _____

EMAIL COMPLETED FORM TO sales@advrentals.com

Thank You For Your Order!