

Match:

Advanced Multimedia, Inc
5312 S. Pennsylvania Ave
Lansing, MI 48911
Store (517) 332-3456 or 980-3456
sales@rentfilmlights.com

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 charged at the same daily rental rate for every additional day that the equipment is not turned in. Debit not recommended.

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 cardholders name and address as billed on credit card statement.

First Name

Last Name

Company Name (if on card)

Address: _____

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

Cardholder's Drivers License Number: _____

Signature of cardholder: _____

EMAIL COMPLETED FORM TO sales@rentfilmlights.com

Thank You For Your Order !