



PAYMENT GUARANTEE/ CREDIT CARD AUTHORIZATION

98-50 67th Ave Rego Park, NY 11374

Contact Us: 917-682-7514

Email: arsenallighting@gmail.com

Website: arsenallighting.com

Account Name: _____

Guarantor Name: _____

Name on the card: _____

Credit Card: _____ - _____ - _____ - _____

Expiration Date: ___ - ___ - ____

Drivers License Name

Last 3 digits in Signature panel on back of the card (CCV): _____

Bill Address for Card

Expires _____

State Issued _____

Address

City State Zip

I do hereby authorize billing to the credit card shown above

- Damage to equipment
- Loss or non-returns of equipment
- Bad checks - Any transaction
- Expendables, fuel, or mileage charges

I also acknowledge that a photocopy or a fax copy of this documents shall constitute the same consent as an original.

Signature:

Print Name:
