



CREDIT CARD AUTHORIZATION FORM

Company Name _____ Date _____
Cardholder's Name _____
Address _____

Phone _____ Fax _____

Would you like for us to keep your credit card on file? Yes / No (circle one)

To: Anytime Production Rentals, Inc.
387 N.E. 69 Street
Miami, Fl. 33138
PH (305) 756.2767
FX (305) 756.7351
david@anytimerentalsmiami.com

I, _____, authorize "Anytime Production Rentals, Inc." to obtain authorization as a deposit in the amount of \$1000.00. If any of the equipment is not returned and is not paid for by other means, or equipment is returned damaged and not paid for by other means, or any outstanding balances are left unpaid "Anytime Rentals, Inc." may charge my credit card for those costs incurred upon balance due.

***PLEASE INCLUDE A CLEAR FRONT AND BACK COPY OF THE CREDIT CARD AND
A CLEAR COPY OF THE CARDHOLDERS DRIVERS LICENCE***

American Express Account # _____ Expiration Date _____
Discover/Novus Account # _____ Expiration Date _____
Visa/MasterCard Account # _____ Expiration Date _____
Phone number on the reverse side of my credit card: _____
Production Name _____ Production Number _____

Signed, _____
Cardholder

Card billing address (if different)

Office Use Only
Approval # _____ Amount \$ _____ Date authorized _____