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### **CREDIT CARD AUTHORIZATION FORM**

**INSTRUCTIONS: FILL IN ALL THE REQUESTED INFORMATION FOR CREDIT CARD BILLING. PRINT THIS PAGE OUT, SIGN, DATE AND FAX THIS PAGE TO 818.848.4016.**

**I AUTHORIZE SOUNDCHECK LA, LLC, DBA, CENTERSTAGING TO CHARGE MY CREDIT CARD FOR THE QUOTE AMOUNT AND ANY ADDITIONAL CHARGES INCURRED AS OUTLINED IN OUR RENTAL AGREEMENT (PLEASE READ THE RENTAL AGREEMENT FOR ALL TERMS), INCLUDING DAMAGE CHARGES, MISSING ITEMS AND LATE CHARGES. PLEASE FOLLOW ALL TERMS AGREED UPON TO AVOID ANY ADDITIONAL CHARGES.**

**NAME:**

**SHOW/ARTIST:**

**QUOTE:**

**COMPANY:**

**DATE:**

**E-MAIL ADDRESS:**

### **CREDIT CARD INFORMATION:**

**CREDIT CARD TYPE:      MASTERCARD                      VISA                      AMEX**

**CREDIT CARD NUMBER:**

**EXPIRATION DATE:      MONTH                      YEAR                      CVV (SECURITY CODE)**

**CARDHOLDER NAME: (AS SHOWN ON CARD)**

**ADDRESS: (BILLING ADDRESS FOR CREDIT CARD)**

**CITY:**

**STATE:**

**ZIPCODE:**

**TELEPHONE:**

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**