



PARTY TIME RENTALS

"For All Your Party Equipment Needs"

Credit Card Authorization Form

Name/Organization: _____

Invoice/ Order #: _____ (or) Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: (____) ____ - _____

Fax: (____) ____ - _____ E-Mail: _____

I authorize use of my credit card to secure payment for the above amount. The credit card listed below may be billed for the estimated charges Ten (10) days prior to event date. All incidentals and rentals added to the order after the initial payment will also be charged to the listed credit card below. I understand that failure to settle my account at the conclusion of the event will result in an actual charge posting to my credit card. If payment occurs with other means, Party Time Rentals will release the hold on my credit card.

Credit Card Information:

Visa MC AMEX

CC#: _____ Expiration Date: _____

CVC Code (3 or 4 digit): _____ Name on Card: _____

Phone Number (if different from above): (____) ____ - _____

Address Bill is Mailed:

Address: _____

City: _____ State: _____ Zip: _____

Signature of Card Holder: _____ Date: _____