

Phone: 323 466 8211 Fax: 323 466 1868 www.birnsandsawyer.com

CUSTOMER NUMBER :	
	DFFICE USE ONLY

Credit Card Authorization Form

TOUUGIOH GOIHDANV OF HIGIVIGUAN.			OR#
☐ American Express ☐ Visa ☐ Master Ca			
Cardholder's Name:		-	
Corporation Name:			
Card Number:		Exp:/	_ CVC Code:
Credit Card Billing Address:			
City:State:	Zip:	Phone:	
Check all that apply:			
Rental Order(s)			
☐ Keep/Update card on file for future transa	actions		
Deposit for Missing / Damaged Equipmen	nt / Late Fee		
☐ Purchase of Equipment or Supplies			
NOT EXCEED \$			
have read these terms and agree to have m	ny credit card ch	arged:	
NAME (PRINT)	\ SIGNATURE		DATE
PLEASE PROVIDE A COPY OF FRONT AND	BACK OF YOU	R DRIVERS LICENS	SE AND CREDIT CARD
COMMENTS:			