

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

"Show/Job"		Production Company:				
Cardholder name:						
Billing address:						
			Zip Code	 		
Telephone number	()	-				
Credit card type:	Visa	MasterCard	Discover	AmEx*	Diners	
Credit card number:			Expiratio	on date:/_	(MM/YY)	
Card Identification nun	nber (3 digit num	nber located on the b	ack of the credit	card):	_	
*AmEx identification (4	digit number is	located on the front	of the credit card).		
1. Amount to Cha	irge for Rental		l	US\$		
	•	the event of Loss on in Aero Mock-Ups es	_	US\$		
I hereby authorize Aer Props and Set Dressin loss or damage, the Va pay for these charges	ng as set forth in alue of the Props	Number 1 above, ar s and Set Dressing a	d (2) if the Props s set forth in Nur	s or Set Dressin mber 2, above. I	g sustains any	
Cardholder – Sign, dat	te and print name	e below:				
Signed:						
Dated:						
Print name:						

Once signed, return the completed form to Aero Mock-Ups, Inc.

Fax: 818-982-0122 E-mail: contact@aeromockups.com