

CREDIT CARD AUTHORIZATION FORM

THIS FORM MUST BE COMPLETE IN FULL AND SIGNED BY THE AUTHORIZES SIGNER OF THE CREDIT CARD. WE WILL NEED A CLEAR COPY, FRONT AND BACK OF THE CREDIT CARD SHOWING THE SIGNATURE, ALSO A COPY OF THE DRIVERS LICENSE. IF YOU FAIL TO COMPLY WITH THESE REQUIREMENTS WE WILL NOT BE ABLE TO PROCESS YOU ORDER AND OUR EQUIPMENT WILL NOT LEAVE THE RENTAL FACILITY.

CARDHOLDER NAME:			
COMPANY NAME:			
CARDHOLDER BILLING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE NUMBER:	E-MAIL:		
I HEREBY AUTHORIZE LIGHTHOUSE COMMUNICATIONS TO USE THIS CREDIT CARD FOR PAYMENT ON THE			
FOLLOWING TRANSACTION/S:			
INVOICE #:			
DOLLAR AMOUNT AUTHORIZED TO BE CH	IARGED:		

SIGNATURE OF AUTHORIZED CARD HOLDER: ______

PLEASE EMAIL THE CREDIT CARD FORM TO: Info@CommunicationsEquipment.net OR Rentals@CommunicationsEquipment.net

Lighthouse Communications * 27049 Santa Clarita Rd. Santa Clarita, CA. 91350 * Ph: (818) 571-9738