

Credit Card Authorization

COMPANY NAME:

OWNER:		
ADDRESS:		
CITY:		
STATE:	ZIP:	
PHONE:	FAX:	
CELL:		
E-MAIL:		
I authorize Party Perfect to charge m authorized agent(s) or me. Should Party Perfect agree to accept	-	
any bounced check(s) plus a \$50.00 replacement fees of rental orders. In	returned check fee and invoices readdition, should there be no credi	elated to the late return and t available on the authorized credit
card, I agree that interest will be adde		- ·
until paid; and that in the event the ac	*	•
collection or suit or the same is colle		5 1
an additional reasonable amount shal		
The undersigned individually warran	is and guarantees payment of the	above account.
SIGNED (Owner):	Date:	
PRINT NAME ON CARD:		
CORPORATE: PERSONAI		
(A) ADDRESS*: (Address where Bi CITY:	STATE:	ZIP:
CREDIT CARD #:		EXP:
CREDIT CARD #: VISA: MasterCard:	AMEX: DISCOVE	ER:
(B) 3 DIGIT CARD CODE # ON B	SACK OF MASTERCARD OR	VISA
4 DIGIT CARD CODE # ON FRO	NT OF AMERICAN EXPRES	S
(THIS INFORMATION MUST BI	E PROVIDED) Billing address o	of credit card must match company
address. If it does not, sign & date cr	edit card addendum on next page	. Funds are held on credit cards /
debit cards until transaction settles.		