



PO Box 6812 Burbank, CA 91510 Office 818.504.2809 Fax 818.333.2739

### Credit Card Authorization Form

Name of Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Check one)  Visa / MC  Amex  Discover  
Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
Security Code ( Required ): \_\_\_\_\_ (3 digit # on back of Visa/MC, 4 digit # on front of Amex)

Description of Charges: \_\_\_\_\_  
\_\_\_\_\_  
Approximate estimate of charges (if known) \$ \_\_\_\_\_

### Authorization Agreement

I hereby authorize Zio Studio Rentals to charge my credit card identified above for any payments for which I may become Liable. I have agreed to the terms outlined in the rental agreement, including the full amount of service, which remains unpaid 60 days after the date of invoice. By signing this form, I certify all information provided is true and correct to the best of my knowledge and, I will comply with your terms and agreements.

### Signature

Authorized Cardholders Signature: \_\_\_\_\_

Print Cardholders Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this form back with a copy of the front and back of the credit card and matching cardholder's ID.**