





**Credit Card Consent Form**

PSAV LOCATION NUMBER: \_\_\_\_\_ Property Name: \_\_\_\_\_

Credit Card Type: American Express \_\_\_\_\_ Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

*(As it appears on credit card)*

Cardholder Billing Address: \_\_\_\_\_ Zip Code (REQUIRED): \_\_\_\_\_

*(Only numeric portion required)*

Cardholder email address: \_\_\_\_\_

Cardholder's Phone Number: \_\_\_\_\_

Customer Name: \_\_\_\_\_

*(Name as it should appear on the invoice)*

Invoice/Order Number(s): \_\_\_\_\_ Customer PO: \_\_\_\_\_

*(If a PO # is not provided use loc # and Order ID XXXX XXXX)*

I, (please print) \_\_\_\_\_, certify the above information to be true and correct to the best of my knowledge. As the cardholder, I am authorizing the above credit card account to be charged for the attached order and any additional amounts incurred as a result of all show site changes ordered by my representatives and/or place my card on file for Security Deposit purposes in the event of payment default, cancellation fees or damages/losses owed per PSAV Terms and Conditions – See Terms and Conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_