



10639 Riverside Drive North Hollywood, CA 91602 USA
Phone: (818) 980-9891

LSC Rep: _____ Ext: _____

FAX COMPLETED FORM TO
Accounting Dept. Fax (818) 980-7386
Sales Dept. Fax (818) 980-9911
Rental Dept. Fax: (818) 980-7932
DO NOT EMAIL.

Customer Name or ID _____

CREDIT CARD HOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint, I _____,
(Name of cardholder as shown on Credit Card)

hereby authorize LOCATION SOUND CORPORATION to charge my

(Issuing Bank/Financial Institution Name) _____
(Credit Card Number)

VIN Code (last 3 digits on back of card) _____
(Expiration Date - Month/Year)

Please **CHECK ONE** payment option:

For this transaction ONLY

in the amount of \$ _____ for payment of
(Print Clearly USD)

_____ and any additional charges resulting
(Rental Contract/Service or Sales Order or Account No.)

from this transaction (e.g. expendables, Missing/Damaged Equipment, shipping charges, rental extensions or equipment additions).

For ALL present and future transactions

Bill To:

Ship To (If Different):

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Sales Return Policy:

Returns are subject to restocking fees. These fees will be deducted from any customer refund amount.

Rental Cancellation Policy:

Our Rental Technicians will assemble, test, package, and reserve this equipment especially for you.
All rental reserve orders cancelled less than 24 hours from pick up date will be charged a preparation fee of up to one-half day's rental charge of the equipment package.

By signing below, I acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card.

X _____
(Signature of Cardholder) _____
(Date)

NOTE: IDENTIFICATION IS REQUIRED. PLEASE PROVIDE A PHOTOSTAT COPY OF THE CREDIT CARD (FRONT & BACK) AND DRIVER'S LICENSE OF CARDHOLDER.