

Sign Name

## Payment Authorization

•	•		one-time payment towards been provided on the sig	
Job Contract #:  Name on Job Co  Date of Event:  Authorized Payi				
			ned by the card holder to	
Please Circle One:	Visa	MasterCard	American Express	Discover
Credit/Debit Card Nu	mber:			
Expiration Date:	Security Code:			
Name On Card:				
Billing Address:				
Billing Zip Code:				
above charges accordi contract will serve as r	sted above, ng to the ca ny authoriz	to be applied to the ird issuer's agreeme ation on the credit o	uxe Party Rentals to charg specified Job Contract. I a nt. I understand that my si harge slip for this transact ges will be pursued to the	igree to pay the ignature on this ion. I understand

**Print Name** 

Date