



SERVICE PARTNERS

CREDIT CARD AUTHORIZATION FORM

COMPANY NAME		
NAME ON CARD		
BILLING ADDRESS		
BILLING CITY, STATE, ZIP		
PHONE NUMBER		
TYPE OF CARD		
LAST 4 DIGITS OF CARD		
EMAIL ADDRESS		

AMOUNT TO BE CHARGED

BY SIGNING, I APPROVE ONSITE AV SERVICE PARTNERS, INC. TO CHARGE THE ABOVE REFERENCED CREDIT CARD FOR THE AMOUNT SHOWN

CLIENT - PROVIDE YOUR CARD #, EXPY, AND CVV NUMBER OVER THE PHONE ONLY!

SIGNED APPROVAL

X _____

DATE: