AUDIO MASTERPIECE, INC. 16527 Arminta Street Van Nuys, CA 91406 T 818-495-0935 F 818-495-0936

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CERTIFICATION OF AUTHORIZATION TO USE CREDIT CARD

Due to the high rate of credit card fraud, credit card merchant processor companies are now requiring specific data designed to protect you, our customer. This data must be presented prior to the release of an authorization; allowing us to charge your card account. For these reasons we must request the information below. PLEASE INCLUDE A COPY OF THE CARDHOLDER'S DRIVERS LICENSE (MATCHING THE CARDHOLDERS NAME OR BUSINESS) <u>AND</u> A COPY OF THE FRONT AND BACK OF THE CREDIT CARD - AUTHORIZATIONS SENT WITHOUT THESE ACCOMPANYING DOCUMENTS MAY NOT BE ACCEPTED. AUDIO MASTERPIECE INC RESERVES THE RIGHT TO REQUEST A FACETIME OR 'OTHER' VIDEO CONFERENCE CALL WITH CARDHOLDER TO VERIFY CARDHOLDERS' IDENTITY.

Note: in our efforts to reduce merchant processing fees, a 3% convenience charge will be added to all credit card payments/transactions.

As the owner or person with signature rights, I hereby certify that I am authorized to use the following credit card number for the purposes of renting or purchasing items from Audio Masterpiece, Inc. I further agree that this credit card may be used, by me, in the future, for additional rentals or purchases and that this document shall suffice as written authorization, until revoked in writing, for all such uses. Should this credit card be used for renting equipment from Audio Masterpiece, Inc., and the equipment is not returned by the agreed upon return date, I hereby authorize the use of this card for all additional rental charges until the equipment is returned. Should it be determined that accessory or other items are unable to be returned, I further authorize the use of this card to pay for the replacement cost of all items.

CREDIT CARD INFORMATION			
Credit Card Number		American Express	Master CardVisa
Name on Card		Expiration Date	Security Code
Billing Name and Phone number		Billing Email Address	
Card Billing Address			
Street			
City State	Zip		
Card Holder Printed Name		Card Holder Signature & Date	
Authorized User's Printed Name (if different from card holder)		Authorized Signature & Date	
	AUTHO	RIZATION	
Audio Masterpiece, Inc. is authorized to			llowing transaction(s)
Order / Invoice Number		Transaction Date	
Dollar Amount Authorized \$			
Ship Via UPS □ FEDEX □ (Select option, provide acco	ount number below)	Ship Via OTHER carrier □ (Provide n	ame of carrier + account number below)
Or To Be Picked Up by			
Name			
Phone Number			

AUDIO MASTERPIECE INC. CREDIT CARD AUTHORIZATION FORM v. 2/2022