



**Credit Card Consent / Security Deposit 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 \_\_\_\_\_