

To: Budget Video Rentals
1825 NE 149 Street
Miami, Florida 33181
Phone: 305-945-8888
Fax: 305-945-0300

***** REQUIRED TO ACCOMPANY THIS FORM IS:**
a legible copy of front and back of the credit card
a legible copy of the driver's license of cardholder

Credit Card Authorization

I hereby authorize Budget Video Rentals to charge my credit card \$ _____ to pay for services, rentals or purchases subject of rental quote/contract/invoice Nr(s) _____ dated _____. This credit card will also cover rental extensions, damages and/or missing items.

Company Name: _____ Date: _____

Cardholder Name: _____ () Business () Personal

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Tel: _____ Fax: _____ Cellular: _____

******* REQUIRED IS :**

~~~~~ **a legible copy of the front and back of the credit card** ~~~~~

~~~~~ **a legible copy of the driver's license of cardholder** ~~~~~

Type of Card: _____ 3 or 4 digit security code (back or front of card): _____

Credit Card Number: _____

Expiration Date: _____ Name of Bank: _____

I, _____, hereby authorize Budget Video Rentals to use the
(cardholder's name)
above credit card for payment on this order, extensions of this order and missing or damaged items.

Cardholder Signature _____

This form must be completed in full, signed by an authorized user.