



Extreme Lighting & Grip

Rey Barrera

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CREDIT CARD AUTHORIZATION

Please fill in the information below then email this form to rbarrera@exxtremelighting.com . Thank you.

Cardholder Name:	_____
Credit Card Bank Name:	_____
Credit Card Number:	_____
Expiration Date:	_____ CVV # _____
CC Bank Phone Number:	_____
<i>Please print the address where you receive the monthly bill for the above card:</i>	
Street Address:	_____
City:	_____
State/Zip Code:	_____

I hereby authorize _____ to pick up equipment and _____ takes full responsibility for payment and any damages that might occur. I hereby authorize Extreme Lighting & Grip to charge the credit card above for security deposits, and insurance deductibles. I declare that the information I have provided is correct.

Sign: _____ Print: _____

Date: _____

Extreme Lighting & Grip is hereby authorized to charge the above credit card for the final payment.

Sign: _____ Print: _____

Date: _____

PLEASE PHOTOCOPY YOUR IDENTIFICATION AND CREDIT CARD and be sure to include them when sending this form to: rbarrera@exxtremelighting.com to process your order and payment.