



Studio Instrument Rentals, Inc.

475 Tenth Avenue, New York, NY 10018

212.627.4900 Fax 212.627.7079

www.sir-usa.com

CREDIT CARD AUTHORIZATION Telephone Orders/Additional Signator

Date _____

I, _____, hereby authorize Studio Instrument Rentals to utilize the below referenced credit card to satisfy payment and/or security for rental transaction(s) also listed below.

Card # _____ Exp. Date _____

Verification # _____
(3 or 4 digit code on front or back of card)

Cardholder _____

Card Billing Address _____

City _____ State _____ Zip _____

Order # _____ **Order Amount** _____

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

Additionally, the below listed representative/employee is hereby authorized to bind, with their signature, the above referenced credit card on behalf of the cardholder in order to satisfy payment and/or security to Studio Instrument Rentals, Inc.

Name of Representative/Employee _____

Representative/Employee Signature _____

Representative's Driver's License _____

Cardholder Signature _____ Date _____

After completing this document, please forward it via FAX to 212.627.7079