



Credit Card Payment Authorization

Sign and complete this form to authorize the merchant below to make a one-time charge to your Credit Card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize AKS Stage And Rental, LLC to charge my Credit

Card indicated below for \$ _____ on _____ (Date).

Description of Charges: _____

Company Details

Company Name _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Job Name / # : _____

Company Contact _____ Phone # _____

Email _____

Billing Details

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Credit Card Information

- Visa - MasterCard - AMEX - Discover

Cardholder's Name - _____

Credit Card Number - ____-____-____-____

Expiration Date - ____/____

Security Code (CVV) - ____

Individual's Signature _____ Date _____

**** Please Include Photocopy of Credit Card (Front and Back) and Drivers License****