

YOUR FULL SERVICE AUDIO-VISUAL RENTAL COMPANY
www.oavs.com

CREDIT CARD FAX FORM

| | |
|---|--|
| CREDIT CARD (FRONT) <i>VISA/MASTERCARD/AMERICAN EXPRESS</i> | CREDIT CARD (BACK) <i>VISA/MASTERCARD/AMERICAN EXPRESS</i> |
|---|--|

CREDIT CARD TYPE: (CHECK ONE)

VISA

MASTERCARD

AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRATION DATE: _____

CREDIT CARD BILLING ADDRESS: _____

| |
|------------------------|
| DRIVERS LICENSE |
|------------------------|

I REPRESENT THAT I AM THE CARDHOLDER FOR THE ABOVE REFERENCED CREDIT CARD. I HEREBY AUTHORIZE OAKLAND AUDIO-VISUAL SERVICE, INC. TO CHARGE ON MY CREDIT CARD \$ _____ IN CONNECTION WITH THE PURCHASE OR RENTAL OF CERTAIN AUDIO-VISUAL EQUIPMENT

X _____ X _____
CARDHOLDER SIGNATURE DATE

PLEASE FAX THIS FORM TO (510) 895-1658