



Extreme Lighting & Grip
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vegasreyb@gmail.com

CREDIT CARD AUTHORIZATION

Please fill in the information below then email this form to: vegasreyb@gmail.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: vegasreyb@gmail.com to process your order and payment.