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CREDIT CARD DEPOSIT AUTHORIZATION

COMPANY _____

ADDRESS _____

BILLING ADDRESS MUST MATCH ADDRESS HELD BY CARD COMPANY

TELEPHONE # _____ JOB NAME _____

JOB # _____

AS THE CREDIT CARD HOLDER, I HEREBY AUTHORIZE INDUSTRY PROPS TO PROCESS A CHARGE ON MY CREDIT CARD IN THE EVENT THAT ANY ITEMS RENTED FROM ALL CORRESPONDING INVOICE(S) ARE EITHER LOST OR DAMAGED. THE AMOUNT CHARGED WILL NOT EXCEED VALUE SHOWN ON INVOICE(S).

PLEASE SELECT CARD TYPE VISA MASTERCARD AMEX OTHER

NAME ON CARD _____

CARD NUMBER _____

EXPIRATION DATE _____ / _____ CVV _____
MONTH YEAR 3-DIGIT CODE

CARDHOLDER SIGNATURE _____

DATE _____