



CREDIT CARD AUTHORIZATON

Name of Cardholder : _____

Business : _____

Credit Card Billing Address : _____

Phone Numbers : _____

Credit Card Number: _____ Expiration Date : _____

VISA MasterCard Discover American Express Security Code : _____

Job Name : _____ Job No. : _____ PO No. : _____

I hereby authorize Hot Bricks LLC to process the above credit card for partial, or full payment of all charges incurred by me, or any authorized representatives, where an authorized representative is defined as any person who is employed by the business entity listed above at a time that is reasonably consistent with when the charges where incurred.

It is also agreed that I may pay cash, or check if I so choose. Substitution of payment in lieu of processing my credit card must be done within the payment terms listed on the invoice.

Any outstanding balance owed can, and will be charged to my credit card. In the event no further charges can be processed on my credit card, for any reason, I agree to be personally responsible to pay those charges to Hot Bricks LLC upon demand.

By signing this authorization I am agreeing to the Hot Bricks equipment rental terms and conditions.

Please keep this credit card information on file for payment of future projects.

I may request for my credit card information kept on file to be destroyed within 30 days of a written notice, or upon the expiration date of the card whichever occurs first.

Signature of Cardholder

Date



PLEASE COMPLETE THE INFORMATION AND RETURN WITH A COPY OF BOTH SIDES OF THE CREDIT CARD AND THE CARDHOLDER'S DRIVERS LICENSE