



PARTNERS IN SHOW™



Credit Card Consent / Security Deposit Form

PSAV LOCATION NUMBER: _____ Property Name: _____

Credit Card Type: American Express _____ Discover _____ MasterCard _____ Visa _____

Credit Card Number: _____

Exp Date: _____ Security Code _____

Cardholder's Name: _____

(As it appears on credit card)

Cardholder Billing Address: _____ Zip Code (REQUIRED): _____

(Only numeric portion required)

Cardholder email address: _____

Cardholder's Phone Number: _____

Customer Name: _____

(Name as it should appear on the invoice)

Invoice/Order Number(s): _____ Customer PO: _____

(If a PO # is not provided use loc # and Order ID XXXX XXXX)

I, (please print) _____, certify the above information to be true and correct to the best of my knowledge. As the cardholder, I am authorizing the above credit card account to be charged for the attached order and any additional amounts incurred as a result of all show site changes ordered by my representatives and/or place my card on file for Security Deposit purposes in the event of payment default, cancellation fees or damages/losses owed per PSAV Terms and Conditions – See Terms and Conditions.

Signature _____ Date _____