



# JR LIGHTING, INC.

5636 Edmond St  
Las Vegas, NV 89118  
702-649-5555 Fax 702-649-5566  
<http://jrlighting.com>



## CREDIT CARD AUTHORIZATION FORM

Cardholder Name:	_____
Credit Card Bank Name:	_____
Credit Card Number:	_____
Expiration Date:	_____ CVV # _____
CC Bank Phone Number	_____
Please print the address where you receive the monthly bill for the above card:	
Street Address:	_____
City:	_____
State/Zip Code:	_____

I hereby authorize \_\_\_\_\_  
to pick up equipment and I, \_\_\_\_\_  
take full responsibility for payment and any damages that might occur.

I hereby authorize JR Lighting & Grip, Inc. to charge the credit card above for security deposits, and insurance deductibles. I declare that the information I have provided is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

## PHOTOCOPY CREDIT CARD & PHOTO ID HERE

(or on attached sheet)

I hereby authorize JR Lighting & Grip, Inc. to charge the credit card above for final payment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print