

ALL CITY SOUND, LLC
231 NORMAN AVENUE
SUITE 212
BROOKLYN, NY 11222
(917) 275-8467

AUTHORIZATION TO CHARGE CREDIT CARD

NAME ON CREDIT CARD _____

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

SHIPPING ADDRESS (if different from billing address)

NAME OR COMPANY NAME _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

CREDIT CARD INFORMATION

CARD NUMBER _____

EXPIRATION DATE (MM/YY) _____

3 OR 4 DIGIT SECURITY CODE _____

INVOICE NUMBER _____ RENTAL FEE _____ PURCHASE VALUE _____

I AUTHORIZE AND AGREE TO PAY THE ABOVE TOTAL TO ALL CITY SOUND, LLC

SIGNATURE _____

PRINTED NAME _____

DATE _____