



Capital Audio Rental  
P.O. Box 615  
Burbank, CA 91503  
Phone: 818-953-9099  
Fax: 818-953-9119  
www.capitalaudiorental.com

## Credit Application

### Card Info:

AmEx\_\_\_\_\_ / Visa\_\_\_\_\_ / MasterCard\_\_\_\_\_ / Discover\_\_\_\_\_

Credit Card Number\_\_\_\_\_ Exp Date\_\_\_\_\_/\_\_\_\_\_

Last 3 or 4 digits on front or back of Credit Card \_\_\_\_\_

Credit Card Billing Address:\_\_\_\_\_

Name of Credit Card Holder:\_\_\_\_\_

Cardholder's Address:\_\_\_\_\_

Cardholder's Phone#:\_\_\_\_\_ FAX#:\_\_\_\_\_

Card Holder's Drivers License:\_\_\_\_\_

### **PLEASE FAX THE FOLLOWING DOCUMENTS TO: FAX (818) 953-9119**

- (a) A clear and legible copy of your driver's license.
- (b) A clear and legible copy of BOTH SIDES of your credit card. (for verification)
- (c) The completed Credit Card Authorization Form.

•I certify the information provided in this Credit Application and Agreement is true and correct. I authorize Capital Audio Rental to verify the information provided and to contact the references listed. X\_\_\_\_\_(initial)

•As the credit card holder, I hereby authorize Capital Audio Rental the charging of my credit card and receipt of merchandise at the shipping address above. X\_\_\_\_\_(initial)

•I also authorize : Capital Audio Rental to charge rentals on my credit card . X\_\_\_\_\_(initial)

Print Name:\_\_\_\_\_ Title: \_\_\_\_\_

Signature:\_\_\_\_\_ Date: \_\_\_\_\_