



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

Street Address : _____
City: _____ State: _____ Zip Code: _____

Cardholder's Address

Street Address : _____
City: _____ State: _____ Zip Code: _____

Cardholder's Phone#: _____ FAX#: _____

Card Holder's Drivers License: _____

Card Holder's e-mail: _____

PLEASE FAX OR EMAIL THE FOLLOWING DOCUMENTS TO:

FAX: (818) 953-9119 EMAIL: INFO@CAPITALAUDIORENTAL.COM

- (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: _____