ADVANCED PRODUCTIONS
SOUND • LIGHTING • VIDEO PROJECTION • STAGING • RENTALS

CREDIT CARD AUTHORIZATION

1321 Mercedes Drive, Suite K • Hanover, Maryland 21076
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Email: credit@4advancedproductions.com

SHIPPING INFORMATION

Name

Company Name

Address

City/State/Zip:

Email Address

Phone Ext.

Fax

BILLING ADDRESS (*If Different*)

Name

Company Name

Address

City/State/Zip

Email Address

Phone Ext.

Fax

CREDIT CARD INFORMATION

☐ Visa ☐ MasterCard ☐ American Express

Name on Card

Card Number

Expiration Date Security Code

Name of Bank

Bank Phone Number (On Card)

Purchase Information

Amount to be Charged Leave Space blank if amount to be Determined

I hereby authorize Advanced Productions to charge the above credit card for the amount listed. This charge will be used to pay for the items referenced in the attached quote/invoice.

When signed this document serves as a "Signature on File." By signing this document, I am stating that I understand the contents of this document and agree to all terms.

I agree to pay any charges made according to the card issuer agreement.

Signature of Cardholder Date

☐ Please check here if you wish Advanced Productions to keep this credit card on file for future purchases.

☐ Please check here if you wish Advanced Productions to use this credit card for this invoice ONLY.

*** AP INTERNAL USE ONLY ***

Quotation/Invoice Number

Date emailed/Faxed/Customer Contacted

Date Billed

Quotation/Invoice Number

Date emailed/Faxed/Customer Contacted

Date Billed

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