



Estimate #. \_\_\_\_\_ (Required)

Fax (703) 644-1833

**For DC, VA, MD**

6869 Springfield Blvd.  
Springfield, VA 22150  
(703) 644-1660 Tel  
(703) 644-1833 Fax  
[www.mistervideo.net](http://www.mistervideo.net)

**For Chicago and Suburb**

818 N. California Ave.  
Chicago, IL 60622  
(773) 252-9155

*Credit Card Authorization Form for  
Visa, Master Card, American Express,  
Discover*

I have read and understand Mr. Video Company's Rental Terms and Conditions and I authorize Mr. Video to charge my credit card for rental, any late fees and broken or missing equipment.

**Credit Card Information:**

Name of Cardholder: \_\_\_\_\_  
(Please Print or Type)

Cardholders Signature: \_\_\_\_\_  
(Sign & Date)

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

VID code:\* \_\_\_\_\_

\* Found on the back of the card near the signature strip. Four digits on the right top of credit card number if American Express.

800 # on back of card: \_\_\_\_\_

Credit Limit on Card: \_\_\_\_\_

**Company Information:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Are you a third party\*\* paying for another person  YES  NO

If "YES" Write full name of the person you are paying for \_\_\_\_\_

\*\*The person whose name is not on the invoice.