



Credit Card Consent Form

I authorize Presentation Services to charge my card in the amount of \$_____

Type of card: AMEX Visa - MC - Diners Club Discover

Credit Card Number: _____

Exp Date: _____ Security Code _____

Customer PO (if required or Purchase card used #): _____

Cardholder's Name: _____

Cardholder's Phone Number: _____

Cardholder's email address: _____

Cardholder's Billing Address: _____

State and Zip Code: _____

Customer Name to be Invoiced: _____

Invoice/Order Number(s): _____

I, (please print) _____, certify the above information to be true and correct to the best of my knowledge. As the cardholder, I am authorizing the above credit card account to be charged for the above order and any additional amounts incurred as a result of all show site changes by my representatives.

Signature _____ Date _____

Cancellation Policy

- A) Cancellations received within 48 hours of the scheduled delivery date are subject to a 50 % fee applicable to equipment and tax only.
- B) Cancellations received on the day of the scheduled delivery or "no-shows" are subject to pay the full amount of the order to include installation, drayage and tax.

PSAV office use only: Location # _____ Approval Code _____