CREDIT CARD AUTHORIZATION FORM

Please complete the following;
(Please Print)

Company Name: _____

Cardholders Name: _____

Billing Address: _____

_____

Work Phone: _____ Home Phone: _____

Type of Card: MasterCard Visa Amex
(Please circle one)

Credit Card #: _____ Expiration Date: _____

Authorized Amount to charge: $_____

Cardholder hereby acknowledges and authorizes charges on the above credit card in exchange for the goods and/or services enumerated with The Rack, LLC and agree to perform the obligations set forth in the cardholder's agreement with the issuer.

In the event that a signature is not obtained at the time the event is completed, I authorize The Rack, LLC to charge the balance due to the above credit card.

If such balance is to be paid by check, the check is to be received after the event. In the event that the balance is not received by The Rack, LLC at the close of the event, I authorize the above credit card to be charged for the balance.

Signature: _____

Please include a copy of the credit card along with a copy of the driver's license for the cardholder indicated above.

THE RACK, LLC. ♦ 6100 TOPANGA CANYON BLVD. UNIT 2150 ♦ WOODLAND HILLS, CA 91367
(818) 716-0123 ♦ (818) 716-0010 fax