



CENTURY
AUDIO VISUAL

**CREDIT CARD
AUTHORIZATION**

1773 Mattawa Ave
Mississauga, Ontario
L4X 1K5

Tel: 905-275-6010
Fax: 905-275-6004
century@centuryav.com

SALES ■ RENTALS ■ SERVICE ■ INSTALLATION

I, _____ hereby authorize *Century Audio Visual Ltd* my to use credit
print name
 card number to pay for services such as rental equipment, sales items or for equipment security (as
 per *Century Audio Visual's* GENERAL TERMS AND CONDITIONS*), and in compliance with the
 federally enacted "PIPEDA"*** (Personal Information Protection and Electronic Documentations Act*)
 on _____, and also for future requests: _____,
Date Initial

I authorize _____ to sign for me in my absence.
Print name

I am including a clear **photocopy of both sides** of my driver's licence # _____
 to verify my signature and identification (for non-corporate rentals only).

CREDIT CARD INFORMATION:

Type of Card: Visa American Express MasterCard

Verification Number (on back, if Amex on front): _____

Card Number: _____

Expiry Date: _____

Cardholder Signature: _____

Card Mailing Address: _____

Telephone Number: _____ Cell Phone Number: _____

 Cardholder's Signature

 Date

*available upon request

**In compliance with the federally enacted PIPEDA, *Century Audio Visual* acknowledges
 responsibility for the personal information under its control.
Century Audio Visual shall only collect, use and disclose personal information about customers to
 assist in the collection of revenue from sales, rental items, and /or service work performed.

Please return by fax to the attention of _____ to ensure prompt processing of our order.