



CLASSIC PARTY RENTALS AUTHORIZATION TO CHARGE CREDIT CARD

Invoice Number			
Invoice Date	/ /	Invoice Amount	\$
Credit Card Holder's Name			
Billing Address of Card Holder (must match ccd company records)			
Card Holder Phone Number			
Credit Card Number (VISA or Mastercard only)			
Expiration Date			
CID Number (usually on the back of the card)		Amount to be charged	\$
		Security Deposit	\$

Please note: All information provided will be verified for accuracy. If the name on the account and the address do not match—an alternate payment method will be required. All of the above information will be kept secure and will not be used again without an additional signed form.

Cardholder Signature

Cardholder Printed Name

phone 626.791.4081
fax 866.222.7760
cell 626.202.5214

P.O. Box 40192
Pasadena, California 91114
camille@camilleskitchen.com

www.camilleskitchen.com