



CREDIT CARD AUTHORIZATION CONSENT LETTER

I _____ authorize the use of my credit card described below for charges relating to services provided by SOUND ADVICE, 4001 W. Alameda Ave., Suite 101, Burbank, CA 91505, telephone number (818) 841-0066.

CREDIT CARD TYPE: _____
 VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

THREE-DIGIT CVV CODE: _____

NAME OF CARDHOLDER: _____

SIGNATURE: _____

DATE: _____

****NOTE: Must include a copy of the front and back of the credit card,
and the back of the card must be signed.****

_____ I understand that the amount charged to my credit card will be reflected on my credit card statement within (7) seven days of authorization. The amount charged is based on services requested by me.

BILLING ZIP CODE: _____

