



2873 Rio Lempa Dr.
Hacienda Heights, CA 91745
Tel: 310.916.5539
Fax: 424.456.4060

CREDIT CARD AUTHORIZATION FORM

Company and Contact Information:

Company Name: _____

Contact Name: _____ Tel: _____

Email: _____ Fax: _____

Credit Card Information:

Card Type: _____ (AMEX, Visa, M/C, Discover)

Card Number: _____ Expiration Date: ____ / ____

CVV Number: _____

(First 4 digits on the front of AMEX or 3 digits on the back of a Visa, M/C or Discover)

Card Holder Name (as it appears on card): _____

Billing Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Signature: _____ Date: _____

I hereby authorize Black Solid to take a deposit and charge for the rental on the credit card referenced above for the entire rental duration. I understand that this order is subject Black Solid's terms and conditions for a rental agreement. I understand the rental will commence on shipment date, and terminate once all equipment arrives back to Black Solid, contingent upon equipment passing inspection and customer fulfilling original rental terms.

****If possible, please include a photo copy of the front and back of the credit card****

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Black Solid will keep all information entered on this form strictly confidential.