PRODUCTION SUPPORT SERVICES, INC.
P.O. BOX 681 ANKENY IA 50021
515-965-3761

Credit Card Authorization

Invoice / Estimate Number						Amount		
Company / Individual Name								
Credit Card	☐ American Express		☐ Discover		☐ Master Card		☐ Visa	
Name on the Card						Telephone Number		
Card Number			Expiration Date			CVV		
Credit Card Billing Address								
City		State		Zip		Country		

I hereby aurthoize Production Support Services, Inc. to charge my credit card without prior notice, for the following but not limited to:
Rental charges, Insurance deductibles, purchased and expendables, damage to equipment, cleaning and maintenance fees,
los or non-returned euipment, late equipment return, extended rental charges and returned checks.
I acknowledge that an electronic, email or fax copy of this document shall constiture the same consent as a paper copy.
I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transation corresponds to the terms indicated in this form.

☐ Blanket Agreement I authorize Production Support Services, Inc. to keep my credit card on file for future business. Initial: _____

Print Name Signature Date

Credit Card Photo

Drivers License Photo