



14720 NW 24 Ct.

Opa-Locka, FL 33054

Ph: 305-948-6999 Fax: 305.948.6427 800.273.9911

All Your Party Needs

### CREDIT CARD AUTHORIZATION

Fax Number: \_\_\_\_\_ ATTN: \_\_\_\_\_

Delivery/Company/Home: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Sent: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING BLANK SPACES WITH THE PERSONAL INFORMATION OF THE CARD HOLDER AND FAX IT BACK**

I \_\_\_\_\_ authorize Party Max  
14720 NW 24 Ct. Opa-Locka, FL 33054 to use my credit card to cover my rental and deposit along  
with covering any lost or damaged equipment as well as extended rentals and late fees. I am aware  
of the seven days cancellation notice prior to the delivery or pick up date required for a full refund.

Name: \_\_\_\_\_ Telephone (H): \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Telephone (C): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Type: AMEX  Master Card  VISA  DISCOVERY  VISA-M/C Check Card

Card Number: \_\_\_\_\_ EXP: \_\_\_\_\_ SEC #: \_\_\_\_\_

DRIVER LICENSE#: \_\_\_\_\_ EXP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_