



T - 856-232-4700
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1651 Sicklerville Road
Sicklerville NJ 08081
www.PreferredPartyPlace.com

Credit Card Authorization

Customer Profile

Customer Name: _____ Company Name: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Payment Information

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

Credit Card: American Express _____ Visa _____ MasterCard _____ Discover _____

Account Number (Card Number) _____

Expiration Date: _____ Billing Zip Code: _____ SEC 3 or 4 Digit Code: _____

I, _____, authorize Preferred Party Place to charge my credit card for the 25% NON-REFUNDABLE deposit that is due to secure a reservation and for the remaining balance that is due upon delivery if another form of payment has not been made at that time. If the equipment being rented is damaged, unreturned or returned late I agree to allow Preferred Party Place to use this card for the balance due on my account.

Signature: _____

Date: _____

Please email back to: sales@preferredpartyplace.com or Fax to: 856-232-7533