PAYMENT POLICY FORM

Must be included with all orders.

EZ Rents

440 E. BONITA AVE. POMONA CA 91767 909-624-1697 · FAX: 909-626-6589

email: julio@sprezrents.com

Company Name:			Booth #	
Contact Name:				
City / State / Zip:				
Phone #	Fax #			
	e completed and enclosed with all order erformed regardless if another form of			
• Cancellation Policie	es: Please note cancellation policies on the	e various forms.		
	DISCOUNT PRICING full payment mus			
• Customer is respon	sible for loss or damage to equipment.			
	ice, we will use this authorization to chargorders placed by you or your representation		any additional amounts incurred as a	
• ALL ACCOUNTS	MUST BE SETTLED AT OUR SERVICE	DESK PRIOR TO TH	E OPENING OF SHOW.	
• THERE WILL BE N	NO CREDITS ISSUED UPON COMPLE	TION OF SHOW.		
Amount Enclosed \$	Amount to be charged	d to Credit Card \$_		
If paying by Check, plea	se fill out the following informat	tion:		
Check Number:	Drivers License Number:			
Address:				
	l, please provide the following in			
Credit Card Number:				
Please Check:AMERICA	N EXPRESSMASTERCARDVIS.	A CVC Code		
Expiration Date:	Name as it Appears on Card			
Authorized By:	Cardho	Cardholder's Signature:		
Cardholders <i>Billing</i> Address:				

City: ______ State: ____ Zip Code: _____