

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: (818) 252-1385.

NAME:	As Agent For (Company)	
Cardholder Name: _	Signature:	
Address:		
Credit Card Type:	_VISAMASTERCARD DISCOVERAMEX	
Credit Card Number:		
Expiration Date:		
Billing Zip Code:		
VISA 0000111122		F THE CREDIT CARD
Amount Charged: \$	(USD) AS RENTAL AMOUNT	
_	\$ (USD) AS RENTAL DEPOSIT AMOUNT	
	D	
All Cancellations are	subject to a 20% Restocking Fee.	
rental agreement re	agree to the terms and conditions governing the use of this rental preferenced above. I authorize iCommunications Inc. to charge my cres, restocking charges, service charges and/or loss and damage ch	edit card for all rental
Authorized By		ate