



Credit Card Guarantee Form

ACS Sound and Lighting
110 Lott Court
West Columbia, SC 29169

Name on Order: _____

Invoice or Job # (if applicable) _____

Date of Order: _____

Name as Appears on Card: _____

Billing Address: _____

City/State: _____ Zip: _____

Phone number: _____

Credit Card Number: _____

Security/CVV Number: _____

Card Type: Visa () M/C () Discover () AMEX ()

Expiration Date: _____

Total Amount: _____

I, the undersigned cardholder, hereby authorize my credit card listed above to be used as payment and guarantee of payment for all outstanding charges for the above mentioned cardholder. Please return by fax with a copy of the credit card and the credit card holder's driver's license.

Printed Cardholder Name _____

Signature of Cardholder: _____

Date: _____

110 Lott Court, West Columbia, SC 29169
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