

To: Budget Video Rentals
1825 NE 149 Street
Miami, Florida 33181
Phone: 305-945-8888
Fax: 305-945-0300

*** REQUIRED TO
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Credit Card Authorization

I hereby authorize Budget Video Rentals to charge my credit card \$ _____
services, rentals or purchases subject of rental quote/contract/invoice Nr(s) 2104083
dated 4/8/10. This credit card will also cover rental extensions, damages and/or missing items.

Company Name: U-TURN Entertainment Date: 4/08/10

Cardholder Name: BRENT DOCKER () Business () Personal

Credit Card Billing Address: 143 MONTROSE AVE

City: BROOKLYN State: NY Zip: 11206 Country: USA

Tel: 859-806-2871 Fax: _____ Cellular: _____

***** **REQUIRED IS :**

~~~~~ **a legible copy of the front and back of the credit card** ~~~~~  
~~~~~ **a legible copy of the driver's license of cardholder** ~~~~~

Type of Card: AMEX 3 or 4 digit security code (back or front of card): 348/1355

Credit Card Number: 3743 28736385447

Expiration Date: 12/14 Name of Bank: _____

I, Brent Docker, hereby authorize Budget Video Rentals to use the
(cardholder's name)
above credit card for payment on this order, extensions of this order and missing or damaged items.

Cardholder Signature Brent Docker

This form must be completed in full, signed by an authorized user.