



2289 Des Jardines Houston, TX 77023  
AxiomProductionServices.com  
Phone: (832) 563-7075

Credit Card Security Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Type: VISA, MASTERCARD, AMEX

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(3 Digit Number from Back of Card)

I, \_\_\_\_\_ hereby authorize Axiom Production Services (herein called APS), to charge my credit card for the rental/sale of lighting equipment, services, insurance waiver fees and other approved charges. I am making this agreement as an inducement to APS to provide me with rental equipment and other valuable services or as a guarantee of payment to my account.

Should any APS equipment or supplies be lost, stolen, damaged or returned late, I hereby authorize APS to settle those costs with this card also.

I have read the "Terms and Conditions" of the Rental Contract from APS and agree to abide by the terms contained therein.

I agree that all claims against any charges to this card/account will be made no later than 24 hours after the return of any equipment or merchandise. I further agree that all charges to this card after that time limit are approved for payment on the card. Thereafter, all remedies for claims will be handled as cash transactions and I waive the right to make claims via the card issuer. This waiver shall in no way affect my rights as an APS customer as provided in the "Terms and Conditions" mentioned above.

I agree to allow APS to use the above card/account as a condition of extending credit terms on an open account or as a guarantee of insurance deductible for claims that may arise. If my account should become past due by 10 days, APS may charge outstanding invoices to this card/account. APS promises that I will be notified before such charges are made and that an additional 5% processing fee may be added to accrued and past due charges.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

This authorization applies to the following work order(s) only:

Project: \_\_\_\_\_ PO/SO\*\* : \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Stop orders will take effect when received by APS during normal business hours.  
Receipt of cancellation must be acknowledged via fax or email.