

San Diego Photo Booth Rentals Credit Card Form



First Name: _____

Last Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please Circle: Visa - Mastercard - Am Express

Card Number: _____

Expiration Date: _____

3 or 4 Digit Pin (On Back): _____ Amount: \$ _____

By signing below, I authorize San Diego Photo Booth Rentals to charge my credit card.

Signature: _____

Date: _____ Phone #: _____

Email: _____

Please fax this form to : 858-408-3071 or scan and email it to info@sandiegophotoboothrentals.net

Best regards,

San Diego Photo Booth Rentals