



Dear Client,

In order to pay with a credit card, the following is required.

I authorized Mid America Cine' Support, Inc. to bill my Credit Card \$_____._____
Dollars for payment on the upcoming/completed rental, sales and or missing & damaged
equipment.

Type of Credit Card (please circle) **VISA/MASTERCARD/DISCOVER/AMEX**

Credit Card Account Number: _____

3 Digit Security Code (on back) _____

Credit Card Expiration Date _____

Billing Zip Code _____

Please print cardholders name and address as billed on credit card statement:

First Name

Last Name

Company Name (if on card)

Address: _____

City: _____ *State:* _____ *Zip:* _____

Cardholder's Drivers License Number: _____

Signature of cardholder: _____

RETURN COMPLETED FORM VIA FAX TO 248-528-0373.