

**NIGHTS OF NEON INC.
13815 SATICOY ST
VAN NUYS, CA 91402**

**OFFICE: 818.756.4791
FAX: 818.756.4744**

CUSTOMER INFORMATION

Name		Company	
Phone		Email	
Billing Address			
City		State	Zip
Notes			

CREDIT CARD INFORMATION

Name as it appears on the card		
City	State	Zip-Code
Card Type <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER		Expiration Date (MM/YYYY)
Card Number		CVV2 <small>The last 3 digits on the back of the card OR on AMEX, use the 4 digits above card number</small>

I authorize Nights of Neon Inc. to initiate charges for fees due against the above referenced card. This authorization is for payments I am obligated to make under my agreement with Nights of Neon Inc. The charges will be made on the payment due date or the following business day. I may withdraw this authorization by giving a written notice to Nights of Neon Inc. in such time and manner as to afford a reasonable time to act upon the request. I authorize Nights of Neon Inc. to charge the above credit card for any loss or damage to Nights of Neon Inc. rentals upon return to the company.

Cardholders Signature

Date