

**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
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Notes

CREDIT CARD INFORMATION

Name as it appears on the card

Cardholder's Address (If different from above)

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