



EPIC
AUDIO | VIDEO

**Service Department
Credit Card Authorization**

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(239)-643-3050
Accounting@EpicAudioVideo.com
(Doc Rev #0, 22 Mar, 2022)

Please complete and sign this form authorizing Epic Audio Video to (1) make one time charges to this card for goods and/or services at the request of the owner and (2) permit Epic Audio Video to keep this information on file for future use at the option of the owner.

To complete this form, open and edit in Adobe Acrobat Reader by typing information into the light blue highlighted boxes, save the file when done, print if needed, and return email to: Accounting@EpicAudioVideo.com.

Customer (Name)				
Cardholder (Name on card)				
Card Type (Tap box for choice)	Visa	MasterCard	Discover	AMEX
Card Number				
Card Expiration Date (Mo/Yr)				
Card CVV (Back of Card)				
Cardholder Billing Street Address				
City		State		Zip
Phone Number				
Goods/Services provided				
Additional Comments				

Please check all that apply:	
<input type="checkbox"/>	I certify I am an authorized user of this credit card and approve charges as described above.
<input type="checkbox"/>	I request that Epic Audio Video keep this information on file for later use.

Cardholder: _____

Date (Mo/Dy/Yr) _____

Please note the following precautions apply to usage and protection of this information:

- This info will only be used on a customer per-request basis with customer approval verbally or via email and will only be accessed by an Epic Employee with financial administrative approvals.
- This info will be maintained on Epic's secure servers and never be databased, moved, or forwarded nor will be shared with any outside entity beyond the banking institution without the written consent of the owner to Epic.
- At any time, the customer may request Epic destroy this document retaining NO records in paper or digital form.