

**Carroll Musical Instrument Rentals, LLC
Total Piano & Organ Rentals, LLC
Carroll Rehearsal Studios, LLC
On Time Musical Instrument Rentals, Inc.
625 West 55th Street - 6th Floor
New York, NY 10019
(212)868-4120
(212)868-4126 (FAX)**

CREDIT CARD AUTHORIZATON FORM

Please fill out and fax back to (212)868-4126

I hereby authorize (check one)

- Carroll Musical Instrument Rentals, LLC
 Total Piano & Organ Rentals, LLC
 Carroll Rehearsal Studios, LLC
 On Time Musical Instrument Rentals, Inc.

to charge my credit card in the amount of \$_____ which includes all applicable taxes and delivery charges. I also authorize the deposit of \$_____ to be authorized on my card. This is not a charge, rather a hold on the funds until the rented equipment is returned in the condition in which it was delivered and on the date in which it was contracted to be returned.

My credit card information is as follows:

Card type (please circle) Visa Mastercard AMEX

Card Number _____ Expiration Date _____

Security Code (on back of card) _____

Name of Cardholder _____

Billing Address (of Cardholder) _____

(street address)

(city, state, zip)

(signature)

(date)