



Instrument Rental Credit Card Authorization Form

Date

Stock #

Cardholder's Name (Please print)

Credit Card Billing Address:

Street

City

State

Zip

Contact Phone #

Email (Please print)

NO AMERICAN EXPRESS  
Visa, Mastercard or Discover

Credit Card #

Expiration Date

I authorize the Irvine Public Schools Foundation (IPSF) to charge \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month commencing on \_\_\_\_\_ and continuing until I have returned the instrument specified in the above noted rental contract, or until I terminate this authorization in writing. I understand that I will be charged a full month's rent for every month, or any portion of a month, that I retain the rented instrument. I understand that if I terminate this authorization in writing prior to returning the rented instrument, I will need to make rental payments by check or cash by the 1st of each month. I understand that if the credit card charge does not process, and I do not submit alternate payment, I may be subject to late fees if I do not provide alternate payment information within 10 business days of notification by IPSF. I further represent and affirm that, by signing below, I am the authorized user of the credit card identified above.

Print Name

Signature

Date