ASTRA FURNITURE
RENTAL & SALES

Credit/Debit Card Charge Authorization

Card Holder Name:_____

Billing Address:_____

City/State/Zip:_____

Card Number:_____

Expiration Date:_____/_____ Security Code:_____

Please initial each line below.

____ I agree that Astra Furniture can run my above card for a Security Deposit. (if appilicable)

____ I would like and agree to Astra Furniture charging my card for each month's rental invoices.

____ I agree that Astra Furniture can charge my card for any damaged or lost rented items that occurs during my rental period.

Astra Furniture will not share this information with anyone. Astra Furniture will destroy this information after needed use by Astra Furniture.

Signature:_____