



A-CAMERA CINEMA
RENTALS, LLC

Credit Card Authorization

Company Name: _____

Contact Name: _____

Phone Number: _____

Name as it appears on Credit Card: (please print)

VISA__ MASTERCARD__ AMERICAN EXPRESS__ DISCOVER__

Credit Card Number: _____

Expiration Date of Card ____/____ Security Code _____

Billing address of credit card:

All customers without established credit terms (COD status) are required to provide a deposit equal to the insurance deductible amount. This deposit will be run as an "Authorization Hold" on this credit card. In the event of loss or damage, the "Authorization Hold" will be converted to a sale for the amount of the damages not to exceed the deposit amount. If there is no loss or damage, the "Authorization Hold" will be removed from your account by your bank.

A-Camera Cine Rentals, LLC reserves the right to add a convenience fee to any invoice paid by credit card. By signing below, you as the credit card holder have authorized A-Camera Cine Rentals, LLC. to charge your credit card for all invoices and insurance deductibles.

_____ Date: ____ / ____ / ____
Cardholder Signature



**A-CAMERA CINEMA
RENTALS, LLC**

**Please provide legible copies of the credit card and the
cardholder's driver's license.**