



CREDIT CARD AUTHORIZATION

With your signature on this form, you are authorizing L.A. Film Rentals to charge for rental services, damages or replacement that may occur from rentals. There are no refunds except in cases of malfunctioning equipment.

PHOTO ID

Please Provide Scans or Photos of your Photo ID and Credit Card, Front and back.

CREDIT CARD

CUSTOMER INFO

Production Name _____

eMail: _____ Phone: _____

CREDIT CARD INFO

Credit Card Holder Name _____

Credit card Number _____

Expiration Date ____ / ____ / ____ CVC _____

Issuing Bank Name _____

Issuing Bank Phone _____

BILLING ADDRESS

Street Address _____

City _____

State _____ zip code _____

PICKUP CONSENT

I hereby authorize _____ to pick up merchandise and I, _____ take full responsibility for payment and any damages or loss that may occur while equipment is in my possession and I take full responsibility over all equipment rented

I understand that my signature on this credit card authorization for will serve as my authorized signature on my credit card charge slip. I hereby authorize **L.A.Film Rentals** to charge the above credit card for payment and rental security deposit in the amounts indicated below.

I declare that the information that I have provided on this credit card authorization form is correct and accurate. I waive my right to dispute any charges.

Charge Information

Today's Date ____ / ____ / ____

Amount of Charge \$ _____

Amount of Rental Deposit \$ _____ [] HAVE PRODUCTION INSURANCE

*CERTIFICATE ATTACHED

Credit Card Holder Signature X _____

Charge will appear as L.A. Film Rentals on your Credit Card Statement