CONTRAST
CAMERA

Tel: (818) 966-3206 · rentals@contrastcamera.shop

Credit Card Authorization Agreement

Cardholder's Name/Company: _____

Credit Card (circle one): Visa Mastercard American Express

Card Number: _____

Expiration Date (mm/dd/yy): _____ Security Code: _____

Credit Card Billing Address:

_____

_____

_____

Phone Number: _____ Fax: _____

Invoice/ Quote: _____ Amount: _____

Credit Card Terms (circle one): Blanket Agreement Single Use Agreement

(By circling Blanket Agreement, I agree and authorize that the credit card I have provided will be used to charge the present quotation or invoice and future transactions.)

FRONT OF CREDIT CARD	DRIVER'S LICENSE/ PHOTO ID

By signing this agreement, I authorize Contrast Camera, LLC to charge the credit card provided to the agreed quotation or invoice amount.

I have read the Contrast Camera Rental Agreement. I understand that I will be held fully responsible for the above charges.

Cardholder's Name (Print) Signature Date

Please e-mail this completed form to Contrast Camera at rentals@contrastcamera.shop