

CREDIT CARD AUTHORIZATION FORM

Cardholder's Name:	
Company:	
Address:	
City:	State: Zip:
Bill To:	
Email Address:	Phone Number:
Driver's License or Passport Number	Expiration Date:
for securing use of equipment. Payment for rental confirm a Lessee's order. In event of loss, damage below you, the Lessee, gives Video Resources Inc. damage of any equipment left in your care. By sign if it is found that you, the Lessee, as described in the Conditions. In the event that the rental term is extended.	and give permission to Video Resources Inc. to charge the credit card provided als will be charged when the Credit Card Authorization Form is received to a, or theft of equipment as described in the Terms and Conditions, by signing the authority to charge your credit card for the reimbursement of any loss or sing below, you also agree not to file a chargeback for return of these funds, his agreement is responsible for such loss as described in the Terms and ended past the due date and rental, or loss, and damage exceed the original teo Resources Inc. to charge the credit card provided, for the purposes of
Customer Name (Please Print)	
Customer Signature:	Date:
fill in th	ne circle to choose your card
VISA MASTER	AMERICAN DISCOVER
Card Number:	Expiration Date:
3 Digit Security Number (4 Digits for American E	Express)
Billing Address (if different from above):	
City:	State: Zip: