

CREDIT CARD AUTHORIZATION FORM

CARD TYPE (CHECK ONE):	VISA []	MASTERCARD []	AMEX []
INDIVIDUAL NAME: _____			
CARD NUMBER: _____			
SECURITY CODE: _____			
EXPIRATION: _____			
BILLING ADDRESS: _____			
CITY: _____ STATE: _____ ZIP: _____			

PLEASE INCLUDE FRONT/BACK
OF CREDIT CARD

PLEASE INCLUDE FRONT OF
DRIVER'S LICENSE
OR
PHOTO ID

BY SIGNING THIS AGREEMENT I AUTHORIZE DC FILM GEAR, LLC TO CHARGE THE CREDIT CARD PROVIDED FOR ORDERS PLACED OR FEES ASSESSED IN ACCORDANCE WITH THE DC FILM GEAR, LLC RENTAL AGREEMENT.

I HAVE READ THE DC FILM GEAR, RENTAL & CANCELLATION POLICIES AND I UNDERSTAND THAT I WILL BE HELD FULLY RESPONSIBLE FOR THE ABOVE CHARGES

CARDHOLDERS NAME: _____

SIGN: _____

DATE: _____