

## Du-All Camera

231 West 29<sup>th</sup> Street, Suite 210

New York, NY 10001

tel: (212) 643-1042 fax (646) 478-9332

# CREDIT CARD AUTHORIZATION FORM

Please fill out the following information completely, then **sign** this form  
**Fax your completed authorization form to Du-All Camera at (646) 478-9332**

Name \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Credit Card # \_\_\_\_\_ Card Code \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(3 digit code on back of Visa or M/C. 4 digit code on front of Amex)

Phone # \_\_\_\_\_

### For RENTALS Only:

I \_\_\_\_\_ give Du-All Camera permission to bill the above credit card for the following items rented on \_\_\_\_\_. In addition, I understand that with any rental, an insurance deductible deposit or replacement cost of the items rented are necessary. I therefore authorize Du-All Camera to issue a hold for on my credit card for the amount listed below. I understand that an invoice for the following items will be provided with the rental.

Authorization Signature \_\_\_\_\_ date \_\_\_\_\_

Description of Items – (or name of customer if you received a quote)	Price

Insurance Deductible or Replacement Cost: \$ \_\_\_\_\_

Once you send in your credit card, you are locking in your rental and will be subject to a cancellation fee. You will have a 24 hour grace period from the time you booked to cancel without any fees. If you cancel after that you are subject to a 15% fee of the total rental cost and if you cancel 24 hours before your rental, you will incur a 50% fee of the total rental cost.

Date of deposit \_\_\_\_\_ Time of deposit \_\_\_\_\_