

Rental Credit Card Authorization Form

Ace Video

Pier 40 @West Houston St, NYC, NY 10014

Tel (212) 727-7969 Fax (212) 727 7679

E mail: rentalacevideo@earthlink.net

Client Name _____

Order # _____ Invoice # _____

Date ____/____/____

Rental Charge Only

I _____ authorize Ace Video to debit my _____ credit card #
Name *Brand of Card*
_____ security code # _____ credit card exp date ____/____/
Credit Card Number *Date*

for the rental of audio/video/miscellaneous equipment for order # _____ or invoice # _____. In the case of missing and/or damaged equipment, I authorize Ace Video to use my credit card to cover any and all costs not covered by insurance in the absence of insurance or if the insurance company does not pay the claim in full within 7 days.

Customer Signature _____/_____/____
Date

**Signature must be that of the card holder*

The information below must be the same as the credit card holder's credit card billing statement

Name _____ Note _____

Address _____

City _____ State _____ Zip _____

Rental Authorization Only (Security Deposit or Insurance Deductible)

I _____ authorize Ace Video to debit my _____ credit card #
Name *Brand of Card*
_____ security code # _____ credit card exp date ____/____/
Credit Card Number *Date*

to do an "Authorization Only" for equipment being rented from Ace Video. In the event of damage, theft, mysterious disappearance, loss of any kind or a delay in the return of the equipment for any reason, this authorization can be converted to a charge. If there is an insurance certificate in force, the insurance company must pay Ace Video within 7 days of your receipt of any damage or loss claim, or this credit card will be used to pay any balance due to Ace Video. If there is no insurance certificate in force, payment for any damage, loss, etc. is due immediately.

Customer Signature _____/_____/____
Date

**Signature must be that of the card holder*

Disregard the portion below if the credit card used for the deposit is the same as the credit card used for the charge, otherwise please fill in the portion below. Thank you.

Name _____ Note _____

Address _____

City _____ State _____ Zip _____

Important: Please fax us a copy of valid identification (driver's lic., alien reg., passport, etc.) with the cardholder's signature.