



Available Lighting & Motion Picture Services, Inc.

Credit/Debit Card Authorization and Security Form

Customer Name: _____

Cardholder Name (as it appears on card) _____

Card Billing Address: _____

Card Billing City: _____

Card State: _____

Card Billing Zip Code: _____

Cardholder Phone: _____

Card Type: *AmEx* *Visa* *MC*

Card Number: _____

Card Expiration Date: _____ *Credit* *Debit*

Card Code Number: _____

Do you want to leave charges on this Card *Yes* *No*

(card payment is required for all customers without an existing Available Lighting account)

A photocopy of this card (front and back) and the cardholder's driver's license must be returned with this form.

I, the undersigned cardholder, do hereby agree to Available Lighting's terms and conditions and authorize the above credit or debit card to be used as payment for any and all outstanding charges and also, to be preauthorized as a security deposit for the equipment rental period if deemed necessary by Available Lighting. I further authorize this card to be used for any other charges requested and guaranteed by cardholder and as noted on the rental contract, under terms and conditions, without subsequent prior written or verbal notification to the cardholder. These charges include, but are not limited to any and all rental charges, equipment delivery or pick up charges, after hours shop opening charges, card processing fees, late payment fees, forfeiture of discounts based on late payment, insurance deductible charges, expendables items, fuel, mileage, parking tickets, toll charges, missing equipment and/or equipment damage charges. I also understand that some of the information above provided by the cardholder will be part of the customer's account file and will remain so unless notified in writing by customer. All charges more than \$500.00 and paid with this credit or debit card will be assessed a 4% credit card processing fee.

Cardholder Name (please print): _____

Authorized Cardholder Signature: _____ Date: _____

Please sign and email to avlight@bellsouth.net or fax to: 504.831.5361