



**Available Lighting & Motion Picture Services, Inc.**

**Credit Card Authorization and Security Form**

**Customer Name:** \_\_\_\_\_

**Cardholder Name** *(as it appears on card)* \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

**Credit Card Billing City:** \_\_\_\_\_

**Credit Card State:** \_\_\_\_\_

**Credit Card Billing Zip Code:** \_\_\_\_\_

**Cardholder Phone:** \_\_\_\_\_

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

**Credit Card Number:** \_\_\_\_\_

**Credit Card Expiration Date:** \_\_\_\_\_ **Credit**  **Debit**

**Credit Card Code Number:** \_\_\_\_\_

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

**this Credit Card** *(credit card payment is required for all customers without an existing Available Lighting account)*

**A photocopy of this credit 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 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 credit 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, credit 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 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](mailto:avlight@bellsouth.net) or fax to: 504.831.5361*