

# CINEMA CAMERA RENTALS

4700 W JEFFERSON BLVD STE 102 LOS ANGELES CA 90016 (323)795-0300 INFO@CINEMACAMERARENTALS.COM

## CREDIT CARD AUTHORIZATION FORM

NAME ON CREDIT CARD \_\_\_\_\_

TYPE OF CREDIT CARD \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CVV CODE ON BACK  
(IF AMEX - 4 DIGITS ON FRONT) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

BILLING CITY & STATE \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

I HEREBY AUTHORIZE **CINEMA CAMERA RENTALS** TO USE THE CREDIT CARD ABOVE FOR PAYMENT  
AND/OR SECURITY DEPOSIT WHERE NECESSARY.

\_\_\_\_\_  
PRINT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FRONT AND BACK COPIES OF THE CARD AND CARHOLDER'S IDENTIFICATION  
ARE REQUIRED TO PROCESS THIS FORM**