



Credit Card Authorization Form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Billing Address: _____

City _____ State _____ Zip-Code _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ *(last 3 digits located on the back of the credit card)*

Amount to Charge: \$ _____ (USD)

I authorize **Asheville Camera, Grip & Lighting Rental, SuttleFilm and/or Piscean Pictures** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Please Note: Credit Card and Debit Card transactions will indicate either Asheville Camera, Grip & Lighting Rental, SuttleFilm and/or Piscean Pictures as the payment vendor of record for all transactions relating to your rental/purchases.