



## Credit Card Authorization Form

fax completed release to: (212) 591 6604

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Credit Card Type:    Visa\_\_\_        Mastercard\_\_\_        AmEx\_\_\_

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

Expiration Date: \_\_\_\_\_ Security ID on reverse of card: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD) processing fee not included.

I authorize Voxfilm to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for the equipment being rented in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_