

2819 N. San Fernando Blvd. Burbank, Ca 91504 United States
Office: 818-847-1555 818-847-1556: fax

CREDIT CARD AUTHORIZATION FORM

please print clearly fax to (818) 847-1556 or email jesse@oldschoolcameras.com

Company Name:	Date:	
In lieu of my credit card imprint, IOld School Cameras to charge my credit labor and/or loss.	card (listed on this page) fo	, hereby authorize r any deposit, rental, sale, damage,
In the amount of \$(INSUE	RANCE DEDUCTIBLE AMO	UNT)
For Payment of (Rental Service, or Invoice No.) from this transaction (e.g. expendables, Mis Extensions, or Equipment Additions).		
***YOU MUST INCLUDE A LICENSE & Front	COPY OF CARD I	
Signature:(By signing below, I acknowledge of	charges described hereon. Paymen	at in full to be made when billed.)
Drivers License #:		
Credit Card #:	Expiration	n Date:
Social Security #:		
Credit Card (secret code/ last 3 #'s on back of car		
Visa Master Card	American Express	Discover
Credit Card Billing Address:		
Name on Card:		
Address:		
City:		