



**OLD SCHOOL CAMERAS™**

evolving with technology

302 OCEANSIDE BLVD. OCEANSIDE, CA 92054 | 760.309.2302 sdrentals@oldschoolcameras.com

## **CREDIT CARD AUTHORIZATION FORM**

Email to: ***SDRentals@OldSchoolCameras.com***

302 OCEANSIDE BLVD. OCEANSIDE, CA 92054 | 760-309-2302

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

In lieu of my credit card imprint, I \_\_\_\_\_, hereby authorize Old School Cameras to charge my credit card (listed on this page) for any deposit, rental, sale, damage, labor and/or loss.

In the amount of \$ \_\_\_\_\_  
***(RENTAL TOTAL + INSURANCE DEDUCTIBLE TOTAL)***

For Payment of (Rental Service, or Invoice No.) \_\_\_\_\_ and any additional charges resulting from this transaction (e.g. expendables, Missing/ Damaged Equipment, Shipping Charges, Rental Extensions, or Equipment Additions).

**\*\*\*YOU MUST INCLUDE A COPY OF CARD HOLDER'S DRIVERS LICENSE & Front and Back of CREDIT CARD\*\*\***

Signature: \_\_\_\_\_  
(By signing below, I acknowledge charges described hereon. Payment in full to be made when billed.)

Drivers License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Credit Card (secret code/ last 3 #'s on back of card): \_\_\_\_\_

Visa \_\_\_ Master Card \_\_\_ American Express \_\_\_ Discover \_\_\_

### **Credit Card Billing Address:**

Name on Card: \_\_\_\_\_

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

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