



CREDIT CARD AUTHORIZATION FORM

Card Type: Visa___ MasterCard___ American Express___

Card Number: _____

Expiration Date: _____

Verification Number: _____ (Last 3 or 4 digits on back of the credit card)

Amount to be charged: _____ Estimate Number: _____

Deposit Amount: _____ (if required)

Name: _____

(As it appears on the credit card)

Credit card billing address:

Street: _____

City: _____ State: _____ Zip: _____

I authorize Hammer Lighting & Grip to charge the credit card indicated in this authorization form according to the terms outlined in the Hammer Lighting and Grip Equipment Rental Contract. This payment authorization is for the goods/services described above, for the amount indicated above or for the amount on estimate number indicated above plus mileage, expendables, and any items added to my order by me or an authorized person from my crew (as indicated on the contract only). This form is valid to charge my card for the equipment replacement value deposit (if no evidence of insurance is provided (indicated above)), amount or estimate number indicated above on the starting date of my rental, and for any mileage and expendable charges after my rental, only and will be destroyed by Hammer Lighting and Grip after the order is processed. Returns of expendables and purchased equipment are subject to a 15% restocking fee. Returns of purchased equipment must be made within 30 days of the original purchase date. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form and those outlined in the Hammer Lighting and Grip Equipment Rental Contract.

Authorized Signature: _____

PLEASE E-MAIL OR FAX TO:

Hammer Lighting & Grip

7507 Crews Drive

Indianapolis, IN 46226

Phone: 317-547-4747

Fax: 317-216-3648