

# VIDEOSMITH®

## CREDIT CARD AUTHORIZATION AGREEMENT (Replacement Cost)

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

Billing Address: \_\_\_\_\_  
Street City State Zip

Fed ID: \_\_\_\_\_ Credit Card: VISA \_\_\_ Amex \_\_\_ MasterCard \_\_\_ Discover \_\_\_

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_\_ CVC: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiry: \_\_\_\_\_

In lieu of presenting VIDEOSMITH, INC. with insurance to cover the value of the equipment I am renting, by signing below, I authorize VIDEOSMITH, INC. to put a Hold on this credit card in the amount of \$\_\_\_\_\_ to cover the replacement cost of the following rental items:

Items: \_\_\_\_\_ Value(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Hold will be released once the equipment has been returned complete and undamaged. I further authorize VIDEOSMITH to charge my card for any loss or damage, and for the rental fees. I have read the VIDEOSMITH Rental Agreement, and I understand that I will be held fully responsible for the above charges.

\_\_\_\_\_  
Cardholder's Name Signature Date

Please Email clear, sharp, full-size digital images (from a smartphone or scanner) of this Authorization and both sides of your Credit Card and Driver's License (please, no b&w photocopies) to Videosmith at [info@videosmith.com](mailto:info@videosmith.com).

We must have your authorization and images at least 2 business days in advance of your rental.

Videosmith does not accept debit or prepaid cards for rentals.