

VIDEOSMITH®

CREDIT CARD AUTHORIZATION AGREEMENT

(Fillable PDF Form)

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: _____

Amount: \$ _____ Order Number: _____

I would like this card to be kept on file for additional transactions: YES ___ NO ___

By signing below, I authorize VIDEOSMITH, INC. to charge this credit card for payment of security deposits, rental fees, additional charges such as repairs and purchases, insurance deductibles, and past due balances.

I have read the VIDEOSMITH, INC. 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.

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.