

CREDIT AUTHORIZATION FORM

Please fill out ALL of the following information correctly	**PLEASE print clearly**
Date	
Company Name	Job Name/Number
This credit/debit card is to be used for (Please check all t	hat apply):
Blu Tape Rentals Essential Props Ren	ntal (Only) Deposit (Only) Rental & Deposit
Credit Card Type	DISCOVER DOPRESS Debit
Authorized Amount to Charge BTR \$	Authorized Amount to Charge EP \$
Credit Card Number	Exp. Date
Cardholder's Name (as it appears on the card)	
Cardholder's Rilling Address	
Cardholder's Telephone Number	
YES, please keep my credit card information on file f	or future transactions
NO, please do not keep my credit card information o	
	•
I hereby authorize Blu Tape Rentals and/or Essential Props (both of the corpayment of any/all rental charges, late charges, restocking charges, handling Company for the order(s)/production(s) noted above.	
I understand and agree to the following:	
 At the time of shipping, Rental Fees will be charged to my Credit/Debit card At the time of shipping, Deposits charged to my credit card will be run as a 	
be temporarily WITHDRAWN from my bank account. I further understand tha may not release funds on deposit "HOLD" (Authorize) or withdrawn for up to	t even though I may return my order early, my Credit/Debit card company ten (10) business days.
 Orders that are cancelled after they have been packed and placed on the s Late and Loss/Damage fees will be charged to this card, pursuant to the te production company's authorized representative at the time of pick-up. 	, , , , , , , , , , , , , , , , , , , ,
	_
Authorized Signature	Date