## Stray Angel Films CREDIT CARD / DEBIT CARD AUTHORIZATION FORM

This document authorizes Stray Angel Films to use the following credit card information. All information will remain confidential. We will keep this securely encrypted credit card information on file with your other account information unless you notify us that you do not want this credit card number to be kept on file with your account for future rentals.

When complete, please scan and send using our <u>secure encrypted online file submission tool</u> along with a photocopy of both the card holder's driver's license and both sides of the credit card:

Cardholder's Name (as it appears on the card):		
Company Name (if applicable as it appears on the card):		
Credit Card Type: Visa MasterCard Discover AMEX		
Credit Card Number:		
Expiration Date:/ CVV/CVC (3-digit code on back of VS/MC/DSVR or 4-digit code on front of AMEX):		
Credit Card Billing Address:		
City: State: Zip: Phone Number:		
Initial Amount of Invoice or Quote to Charge \$ (USD)		
Security Deposit (the replacement value of the equipment or your insurance deductible) \$		
Please check one of the below options for keeping this card on file:		
☐ BLANKET USE – KEEP CARD ON FILE ☐ ONE TIME USE ONLY – DO NOT KEEP	CARD ON FILE	
I hereby authorize Stray Angel Films to use this card for my initial rental payment, any additional equipment added to my rental order, any late fees or additional rental days, any loss and damage fees incurred from the rental order, and the security deposit, which is the deductible listed under Miscellaneous Equipment coverage on the submitted Insurance Certificate, if applicable. Unless or until I notify Stray Angel Films otherwise, I hereby authorize Stray Angel Films to keep this securely encrypted credit card information on file for future rentals. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement and abide by all terms of the attached Rental Agreement. I understand that the signature on this contract will serve as my authorized signature on my credit card receipt.		
Authorized by: Date: Date:		
(Print Name Here)		

## **Stray Angel Films**

## **CREDIT CARD / DEBIT CARD AUTHORIZATION IMAGES**

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FRONT OF CREDIT CARD:	BACK OF CREDIT CARD:
(Place Image Here)	(Place Image Here)
FRONT OF PHOTO ID:	BACK OF PHOTO ID:
(Place Image Here)	(Place Image Here)