



Credit Card Authorization

Name: _____
PHOTOGRAPHER ____ / PRODUCER ____ / REP ____

Email Address: _____

Client: _____

Name on Card: _____

Credit Card Number: _____ **Expiration Date:** ____ / ____ / ____

Card Type: VISA ____ / MC ____ / DC ____ / AMEX ____ **CCN#:** _____

Billing Address _____

City _____ **State:** _____ **Zip:** _____

Billing Telephone Number: _____ **Cell Phone:** _____

By signing below, you as the credit card holder authorize Shelter Studios to charge your credit card for orders placed with us under the listed account name according to our rental agreement. If this credit card is for payment of a rental contract, you also understand that a collateral deposit may be made on the credit card presented above during the rental event to guarantee the equipment is returned in the condition it was received and to guarantee payment for any damage, repairs, replacement, or rental fees. The deposit will be released once the equipment has been safely and satisfactorily returned to Shelter Studios. I also agree that any dispute related to credit card debt be governed by Shelter Studios listed on the rental agreement.

Card Holder Signature: _____ **Date:** _____

Please also provide us with a legible copy of the credit card & your government issued photo I.D.

-----Studio Use Only-----

Date Received _____ **Invoice Number** _____