



3642 139th St, Hawthorne, CA 90250

Ph: 310-807-1691

E-mail: rentals@spekulator.com

Thank you for your order. To protect you, as well as our company from fraudulent misuse of your credit card, please sign this form & email it back ASAP. We cannot process your rental until we receive a completed and signed form. Thanks again.

Cardholder Billing Info

Name	Address	City	State	Zip
PHONE #		Fax #		
EMAIL				

CARD A	Card #	CVV-Code <small>(From Back of card)</small>	Exp Date	
CARD B <small>(if necessary)</small>	Card #	CVV-Code <small>(From Back of card)</small>	Exp Date	

RENTAL PAYMENT AUTHORIZATION

I, _____, hereby authorize Spekulator Corp. to charge the designated credit card [*circle one*: A / B] in the amount of \$ _____, the cost of the rented camera package.

I, _____, hereby authorize Spekulator Corp. to run an authorization/payment on the designated credit card [*circle one*: A / B] in the amount of \$ _____, which is equal to the amount of the deductible on the RENTED EQUIPMENT coverage in our policy [usually \$1500 - \$5000]. I understand this is a charge – and this Payment will be returned automatically, usually within 72 business hours after the equipment is returned in its original condition.

Acknowledged By:

Company Name

Credit Card Holders Signature

Print Credit Card Holders Name

Credit Card Number

Expiration Date

CVV

Credit Card Type: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Note: If you would like us to keep your credit card on file to use for future purchases please initial here _____

For Accounting Department Use Only

Customer ID Code			
Invoice Number	Invoice Date	Total Amount	Authorization Number