



3642 W. 139th St. Hawthorne CA 90250

Ph: 310-807-1691

E-mail: [rentals@spekolor.com](mailto:rentals@spekolor.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**

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>PHONE #</b>		<b>Fax #</b>		
<b>EMAIL</b>				

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

**RENTAL PAYMENT AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize Spekolor 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 Spekolor 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

\_\_\_\_\_  
Print Drivers License/ ID Number

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

<b>Customer ID Code</b>			
<b>Invoice Number</b>	<b>Invoice Date</b>	<b>Total Amount</b>	<b>Authorization Number</b>