

Nine Ten Films

Credit Card Authorization Form

PLEASE PRINT CLEARLY AND LEGIBLY.

NAME ON CARD: _____

CARD BILLING ADDRESS: _____

STATE, CITY, ZIP: _____

PHONE: _____ EMAIL: _____

NAME ON CARD: _____

CARD #: _____

EXP DATE: _____ V-CODE: _____ TYPE: _____

RUBBED IMPRINT OF CARD/NO PHOTO COPY PLEASE.

I HEREBY AUTHORIZE NINE TEN FILMS TO CHARGE MY CREDIT CARD LISTED ABOVE FOR THE FOLLOWING: RENTAL CHARGES, DAMAGES TO EQUIPMENT, LOST OR NON-RETURNED EQUIPMENT, LATE EQUIPMENT RETURNS, EXTENDED RENTAL CHARGES, RETURNED CHECK, I ALSO UNDERSTAND THAT I AM NOT LIMITED TO ANY SPECIFIC AMOUNT OF AUTHORIZATION. I AM AUTHORIZING NINE TEN FILMS FOR ANY UNPAID BALANCE OF THIS PURCHASE OR RENTAL.

I HAVE READ THE ABOVE, UNDERSTAND AND AGREE TO IT.

SIGN _____ PRINT _____ DATE _____

INITIAL _____