

**AUTHORIZATION  
to use CREDIT CARD**

**OPPENHEIMER  
CINE RENTAL LLC**

7400 3rd Avenue South  
Seattle, WA 98108  
206-467-8666 Fax 467-9165  
[KEA@oppcam.com](mailto:KEA@oppcam.com)

Name on Credit Card \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Social Security # \_\_\_\_\_

Company Name on Credit Card \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

V-Code (3 digit # on back of card) \_\_\_\_\_

Card Type:  MasterCard  Visa  AMEX

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Location Telephone \_\_\_\_\_

I hereby authorize Oppenheimer Cine Rental LLC and its successors and assigns to charge to the above captioned credit card any rental fees, security deposits, missing & Damaged equipment fees, or any other fees or charges related to any purchase, rental, or other service provided to the above named customer. I was given an opportunity to review Oppenheimer Cine Rental LLC's Terms and Conditions, and I hereby agree to same.

It is further agreed that any dispute related to credit card debts shall be governed by Oppenheimer Cine Rental LLC's Terms and Conditions.

I also agree that any balance remaining due after 30 days for the above named client may be charged to the above credit card.

Agreed to and accepted by:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Print Home Address \_\_\_\_\_

Print City, State, Country, Zip \_\_\_\_\_