

**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

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 _____