

129 West 27th Street, New York, NY 10001  
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## Authorization To Use Credit / Debit Card

Cardholder's Name			
Billing Address			
City	State	Zip	
Telephone	Fax		
Email	Social Security / EIN #		
Card number			
Expiration Date		Security Code	
Type	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover <input type="checkbox"/> Amex
Company Name (if applicable)			
Company Address (if applicable)			
Customer Name (if other than cardholder)			
Address			
City	State	Zip	
Telephone	Fax		
Location Telephone			

**\*Please include copies of the credit/debit card and cardholder's ID.**

I hereby authorize Hand Held Films, Inc. and its successors and assigns to charge to the above captioned credit card any rental fees, security deposit, missing & damaged equipment fees, or any other fees or charges related to any purchase, rental, repair or any other service provided to the above named customer. I was given an opportunity to review Hand Held Films, Inc.'s Terms and Conditions and I hereby agree to same.

Agreed to and accepted by:

Signature

Date

Please print name and title

It is further agreed that any dispute related to credit cards debits shall be governed by Hand Held Films, Inc.'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.