

Capstone Film Lighting Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Rented _____

Amount to be Charged _____

By signing this form, you authorize Capstone Film Lighting LLC to charge your card for the amount listed above. You understand that the deposit will be used to pay any unpaid balances due on this rental and/or for any loss or damage incurred in regard to this rental.

Signature of
Cardholder:

Date:

www.CapstoneFilmLighting.com

(626) 433-8840

capstonelighting@gmail.com