

Date \_\_\_\_\_

To ARC

I \_\_\_\_\_

authorize ARC to charge my credit card

**For security deposit**

I understand and agree that my credit card will be authorized for full replacement value, and will be charged against loss or damage of equipment rented.

**And rental charges**

I understand and agree that my credit card will be charged for the rental charges of equipment rented.

Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Name (on card) \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

eMail \_\_\_\_\_

I authorize \_\_\_\_\_  
to pick up rentals on my account. (Please print name)

Signature **X** \_\_\_\_\_

Please fill out and fax back to (212) 929-9013, along with copy of photo ID and Credit Card (front and back)

# ARC

**ADORAMA RENTAL CO**

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**T** 212-627-8487

**order** rent@adorama.com

**www** adoramarental.com

AUTHORIZATION  
FORM