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**CREDIT CARD HOLDER'S AUTHORIZATION FORM**

In lieu of my credit card imprint, I \_\_\_\_\_

hereby authorize **HOLLYWOOD STUDIO RENTALS, LLC** to charge my

\_\_\_\_\_  
*(Visa, MC or AMX)*      *(Credit Card Number)*      *(3 or 4-digit CSV)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*(Expiration Date)*      in the amount of \$ \_\_\_\_\_  
*(Print clearly in US \$)*      for payment

\_\_\_\_\_ and any additional charges  
*(Rental Contract / Service or Sales Order or Ongoing Security)*

resulting from this or any related transaction (e.g. Expendables, Missing/Damaged Equipment, Shipping Charges, Late Charges or additional equipment)

Bill to: \_\_\_\_\_      Ship to: (if different) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Phone no.: \_\_\_\_\_      Fax no.: \_\_\_\_\_

Is the Bill to address the same address as the billing address of the Credit Card? ( )Yes ( )No.  
 If no, please enter the numerical portion of the address and the zip code here: \_\_\_\_\_.

**SALES RETURNS OR EARLY RENTAL RETURNS, IF APPROVED, ARE  
 SUBJECT TO RESTOCKING FEES. THESE FEES ARE DEDUCTED  
 FROM ANY CUSTOMER REFUND AMOUNT.**

By signing below, I irrevocably acknowledge charges described hereon. Payment in full to be made when billed or in extended payments in accordance with standard policy of company issuing card. Rental cancellation may be subject to cancellation fees.

**X** \_\_\_\_\_      Date: \_\_\_\_\_  
*(Signature of Cardholder or Authorized Person)*

**NOTE: Identification is required to process this transaction. Please provide a photocopy of the Credit Card (front and back) and Driver's License of Cardholder.**