

## **Credit Card Authorization Agreement**

All rentals and crew hires require a credit card form on file. Your credit card will not be charged if paying by check or wire transfer.

Cardholder Name:				-	
Cardholder E-mail:				-	
Billing Address:				-	
				-	
Credit Card Type:	Visa	Mastercard	_Discover	_Amex	
Credit Card Number:				-	
Security Code: Expiration Date:  (last 3 digits located on the back of the credit card)					
Amount to Charge: \$		(USD) Invoice/ Qu	iote #	-	
Credit Card Terms (Please Circle):					
Bla	anket Agreement	Single-Use A	Agreement		

In circling Blanket Agreement, I agree to authorize that my credit card provided will be used to charge this present invoice and future transactions.

By signing this agreement I authorize Visions of Light, Inc. to charge the agreed amount listed above and any additional incidentals or additions to my credit card provided herein. I also authorize charges for lost or damaged items up to the full amount of the insurance deductible. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that a 4% fee (5% for international credit cards) maybe added to cover the cost of credit card processing fees.

	Print:	
Name and signature must match card, estimate & crew and rental agreement.	Signed:	
	Dated:	
By signing this agreement you also acknow	-	agree to Visions of Light, Inc"s standard crew and rental cies.

Visions of Light, Inc.

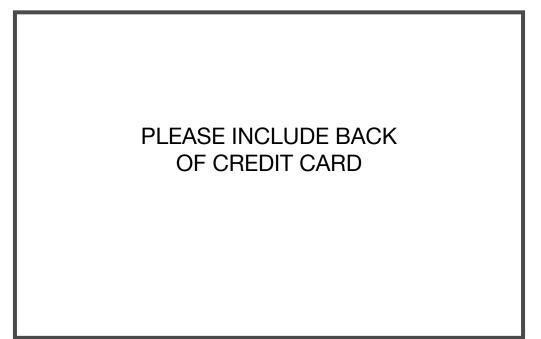
312.829.8244

www.visionsoflight.com



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PLEASE INCLUDE FRONT OF DRIVERS LICENSE OR PHOTO ID

Visions of Light, Inc.