



Credit Card Authorization

TRANSACTION DETAILS

Company Name	Sales / Rental Agent
Invoice / Quote # (if known)	Amount

CREDIT CARD DETAILS

Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Name on Card	Phone #		
Card Number	Expiration Date	Security Code	
Billing Address			
Address Line 2			
City	State	ZIP	Country
Email Address			

CREDIT CARD TERMS

By signing this agreement, I authorize ABEL CINE TECH, INC / ABEL CINE GROUP, LLC to charge the credit card provided for the agreed Quotation or Invoice amount. For Rental Agreements, I also authorize this card to be charged for any missing or damaged charges up to the insurance deductible.

I have read the AbelCine Sales & Return Policies / AbelCine Rental Agreement. I understand that I will be held fully responsible for the above charges.

Full Name	Signature	Date
-----------	-----------	------

PLEASE INCLUDE
FRONT OF CREDIT CARD

PLEASE INCLUDE FRONT OF
DRIVER'S LICENSE OR PHOTO ID

Please return this completed form along with copies of your credit card and photo ID to your AbelCine representative.