



New Customer

Automatic Credit Card Billing Authorization Form

All Rentals require a valid credit card and proof of insurance

BUSINESS CONTACT INFORMATION

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
Federal Tax ID:		
Contact Name:	Title:	
Email:		
Payables Contact:		
Email Invoices? <input type="checkbox"/>	Payables Email:	

Credit Card Type: ___ Visa ___ Mastercard ___ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

By Signing below, you authorize Central Cameras to charge your credit card for all invoices, insurance deductibles, and any past due accounts in excess of 45 days from due date.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once completed email the form to:

GGGRentals@icloud.com