



Cinequipt, Inc.
2601 - 49th Ave N, Suite 500 • Minneapolis, MN 55430
(612) 627-9080 • Fax (612) 627-9789

CREDIT CARD AUTHORIZATION FORM

(please print clearly)

Cinequipt Account Name for Credit Card Payments _____

Name on Credit Card _____

Issuing Bank _____

Credit Card Bill to Address _____

City _____ State _____ Zip _____

Billing Telephone Number _____ Cell Phone _____

Email Address _____

Credit Card Number _____ Expiration Date ____ / ____ / ____

Credit Card Type VISA MC DC AMEX Card Control Number _____

By signing below, you as the credit card holder authorize Cinequipt, Inc. to charge your credit card for orders placed with us under the listed account name according to our standard terms and conditions. If this credit card is for payment of a rental contract, I also understand that a collateral deposit may be made on the credit card presented above during the rental event to guarantee the equipment is returned in the condition it was received and to guarantee payment for any damage, repairs, replacement, or rental fees. The deposit will be released once the equipment has been safely and satisfactorily returned to Cinequipt, Inc. I also agree that any dispute related to credit card debt be governed by Cinequipt, Inc.'s Terms & Conditions listed on the back of the Rental Contract.

Cardholder Signature & Date _____

Please also provide us with a legible copy of the credit card & your government issued photo I.D.

For Internal Use Only
Revised 1/15/2010

Date Received _____

Customer Acct Number _____