



CREDIT CARD AUTHORIZATION AGREEMENT

Company: _____

Credit Card (please circle): VISA AMERICAN EXPRESS MASTERCARD DISCOVER

Card Number: _____

Security Code#: _____ Expiration Date: _____

Credit Card Billing Address:

Street _____ City _____ State _____ Zip Code _____

Phone#: _____ Fax#: _____

Invoice/Quote (if known): _____ Amount: _____

Sales/Rental Representative: _____

Credit Card Terms (please circle): Blanket Agreement Single-Use Agreement

(In circling Blanket Agreement, I agree and authorize that my credit card provided will be used to charge this present Quotation or Invoice and future transactions)

**PLEASE INCLUDE
FRONT OF
CREDIT CARD**

**PLEASE INCLUDE
FRONT OF
DRIVER'S LICENSE
or
PHOTO ID**

By signing this agreement, I authorize ABEL CINE TECH, INC. / ABEL CINE TECH LA, INC. / ABEL CINE GROUP, LLC. to charge the credit card provided to the agreed Quotation or Invoice Amount.

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

Cardholder's Name _____ Signature _____ Date _____

Please fax this completed form including to Abel Cine Tech at:
(212) 462-0179 for NY or Online Transactions // (818) 333-1899 for LA Transactions

Thank you for your cooperation.

www.abelcine.com

New York
609 Greenwich Street
New York, NY 10014
t 888.223.1599
t 212.462.0100
f 212.462.0199

Los Angeles
801 South Main Street
Burbank CA, 91506
t 888.700.4416
t 818.972.9078
f 818.972.2673

Chicago
17 W662 Butterfield Rd #302
Oakbrook Terrace, IL 60181
t 877.880.4267
t 630.359.5778
f 630.359.5793