



2237 Hartranft St. Philadelphia, PA 19145 - 215 463 - 0878 - info@libertycamera.co

Renter (Company Name): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Representative (Print): _____

Drivers License Number: _____ **State:** _____

Credit Card Type: Visa _____ Mastercard _____ Discover _____ Amex _____

Expiration Date: _____ **Security Code:** _____

Credit Card Number: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

I, the under-signed, authorize the use of my credit card by Liberty Camera Company, Inc for payment of all services/equipment already rendered and invoiced as well as in advance payment for all services/equipment to be rendered in the near future, in accordance with the terms stated in Liberty Camera Company, Inc's Rental Agreement. I understand that this card will remain on file and will be charged automatically with no further notice required of me in accordance with the payment terms stated in the Liberty Camera Company Rental Agreement.

Cardholder (Print): _____

Cardholder (Signature): _____

Date: _____