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COMPLETED FORM

## Pro Video Group Credit Card/Debit Card Authorization

Please printout this completed contract, sign/date and fax to 717-746-1010. (A scanned email attachment is also acceptable)

Card Type (please select one):  MasterCard  VISA  American Express

Organization Name: \_\_\_\_\_

Cardholder Name (as it appears on Credit Card or Debit Card): \_\_\_\_\_

Cardholder's Complete Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code (+4): \_\_\_\_\_

Credit Card/Debit Card Number: \_\_\_\_\_

Expiration Date (Month/Year): \_\_\_\_\_ / \_\_\_\_\_ Security Code (back of card, last 3-digits): \_\_\_\_\_ Phone Number of Cardholder: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize Pro Video Group LLC to hold the above credit card information. I understand and agree to this contract and following policies:

- No charges will be placed on this card in advance, unless I authorize it to be used to pay for the initial cost.
- Charges will be placed on this card to cover the cost of lost or damaged equipment.
- Charges will be placed on this card if any or all of the rented equipment is returned late. This initial late charge will equal the rental cost of the outstanding equipment for the original rental period, or one week, whichever is less. Additional weekly charges will be made until the equipment is returned or the replacement cost is paid. Accrued late rental charges will not be applied against replacement cost of the equipment.
- Additional charges will be made to cover revenue lost if failure to return equipment results in Pro Video Group LLC being unable to fulfill other rentals.
- Pro Video Group LLC is not required to give notice prior to making charges on this card.
- Pro Video Group LLC will fax copies of receipts upon request within (24) hours.
- Credit Card/Debit Card charges will not receive any discount available for payment by cash or check.

I understand that neither the expiration of this credit card, nor an insufficient credit limit will excuse me from any fees owed to Pro Video Group LLC. I agree to be personally responsible to pay upon demand any outstanding balance owed to Pro Video Group LLC. Either party may terminate this agreement with 30 days written notice.

When signed, this document will serve as a "Signature On File." By signing this document, I am stating that I understand the contents of this document and agree to all terms. I agree to pay any charges made according to card issuer agreement.

Select one of the following:  Use this card to pay for the initial rental cost.  Do not use this card to pay for the initial rental cost. Keep this card on file for future rentals?  Yes  No

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT!** PLEASE READ CAREFULLY AS THIS IS A LEGALLY BINDING CONTRACT. UPON RECEIPT OF THIS COMPLETED CONTRACT (WHICH INCLUDES YOUR NAME, SIGNATURE, DATE, AND CHECKING "I HEREBY AUTHORIZE..."), BY PRO VIDEO GROUP VIA MAIL, FAX OR EMAIL (BY ATTACHING SCANNED SIGNED & COMPLETED CONTRACT), YOU HEREBY ACKNOWLEDGE AND ACCEPT ALL TERMS AND CONDITIONS OF SAID AGREEMENT.

**ProVideoGroup.com**