



BILLING & CREDIT CARD
AUTHORIZATION FORM
info@littlegiantlighting.com

COMPANY/JOB NAME: _____

JOB DATES: _____ INVOICE: _____

I hereby authorize _____ to pick up equipment and I, _____ take full responsibility for payment and any damages that might occur. I declare that all information I have provided is correct.

I hereby authorize The Little Giant Lighting and Grip Co., LLC to charge this credit card for security deposits, and insurance deductibles.

____ (initial) I hereby authorize The Little Giant Lighting and Grip Co., LLC to charge the credit card below for final payment on this job.

____ (initial) I authorize for this card to be kept on file for future jobs and charges.

Printed Name _____ Date _____

____ Do not charge this card for the rental. Payment will be made by: _____

PLEASE ATTACH PHOTOCOPY OF CREDIT CARD & PHOTO ID

Cardholder Name: _____

Credit Card Bank Name: _____

Credit Card Number: _____

Security Code _____ Expiration Date: _____

Please print the address where you receive the monthly bill for the above card:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature _____ Date _____

Print _____

