



TCS- Technological Cinevideo Services

Phone: 212-247-6517
Email: office@tcsfilm.com
Web: www.tcsfilm.com

Building 77, Suite 901
141 Flushing Ave
Brooklyn, NY 11205

Credit Card Authorization

Please email completed authorization form along with copies of your credit card and photo ID to your rental manager.

Company Name: _____

I hereby authorize Technological Cinevideo Services, Inc. d/b/a TCS to charge:

In the amount of \$ _____ as a **security deposit** authorization on the equipment;

NOTE: A SECURITY DEPOSIT IS THE INSURANCE DEDUCTIBLE YOU ARE RESPONSIBLE FOR

In the amount of \$ _____ as a **NON-REFUNDABLE deposit** to hold a rental

In the amount of \$ _____ as a **RENTAL, SALES OR REPAIR FEE** (including any additional rental charges, expendable charges, delivery fees, late return fees and/or missing, damaged or repair fees. All charges are final and cannot be refunded.)

Please Check One: Single time transaction Please keep card on file

Card Type: American Express VISA MasterCard

(please print with large block letters)

Name on the Credit Card _____

CC Holders Signature: _____

Credit Card Numb.: _____

Expiration Month: _____ Year _____

(CVV) Security Code: _____

Billing Address on _____
Credit Card

City _____ State _____ Zip _____

Billing Tel. _____ Fax _____

Please be aware that the amount authorized as security deposit will be unavailable for approximately 15-20 business days from date of authorization. *Please note: in sending back a completed authorization you are agreeing to all of the stated terms and conditions, including those of the Rental/ Sales Agreement.*