

Credit Card Authorization Form

CASTEX RENTALS

Proudly serving your production and grip needs since 1955
1044 COLE AVE., HOLLYWOOD, CA. 90038
Phone (323) 462-1468 fax (323) 462-3719
www.castexrentals.com

Please print or type clearly

Company Name: _____ Date: _____

I _____ authorize CASTEX Rentals to charge my credit card for any deposit, rental, sale, damage, labor and/or loss.

***** You must include a copy of your credit card and driver's license.**

Signature *X* _____

Drivers License # _____ Exp. _____

Credit Card # _____

Exp. _____ Visa ____ Master Card ____ American Express ____ Discover ____

** ___ *Yes* I would like my credit card kept on file for future use at CASTEX Rentals.

** ___ *No* I would not like my credit card kept on file. Please use for current transaction.

Credit Card Billing Address:

Street Address _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____ Cell: _____

***** Please fill out all information and include copies of the credit card and driver's license. All information must be completed by the card holder. If any information is missing or inaccurate it will result in delays in processing your order.**