

FORMS THAT ARE INCOMPLETE WILL NOT BE APPROVED

CREDIT CARD AUTHORIZATION

This letter is to authorize Weapons Specialists Ltd. to use the following credit card for phone orders and orders in which the cardholder is authorizing a transaction they cannot be physically present for. No orders can be filled until this form is completed and faxed to 212-941-7654.

PRODUCTION COMPANY: _____

PROJECT: _____

PROP MASTER: _____ **PM PHONE:** _____

CARDHOLDER NAME (as on card): _____

ADDRESS (card billing): _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

DRIVER'S LICENSE#: _____ **DL EXP:** _____

TYPE OF CARD: _____ **SECURITY CODE (CID):** _____

CREDIT CARD #: _____ **CC EXP:** _____

I HEREBY AUTHORIZE WEAPONS SPECIALISTS LTD. (W.S.LTD.) TO USE THIS CARD FOR PAYMENT OF ALL RENTAL FEES, LATE FEES, DAMAGES TO EQUIPMENT, AND FEES FOR ITEMS NOT RETURNED.

CARDHOLDER'S SIGNATURE: _____

DATE: _____ **PRINT NAME:** _____

ALSO REQUIRED: COPY OF CARDHOLDER'S **DRIVER'S LICENSE AND COPY OF CREDIT CARD FRONT AND BACK**

IF YOU HAVE ANY QUESTIONS PLEASE CALL 212-941-7696

FOR OFFICE USE ONLY

Certified complete by: _____