



DBA
Fletcher Camera & Lenses – Louisiana
5725 Heebe Street
New Orleans, LA 70123
504-322-4180
nola@fletch.com

DBA
Fletcher Camera & Lenses - Chicago
1000 N. North Branch Street
Chicago, IL 60642
312-932-2700
frontdesk@fletch.com

DBA
Fletcher Camera & Lenses - Detroit
1999 Centerpoint Parkway Suite 1138
Pontiac, MI 48341
248-456-4060
detroit@fletch.com

Credit Card Authorization

I hereby confirm as to each of the charges:

1. That I authorize Fletcher Group, LLC. to charge my Credit or Debit card for the purpose of rental fees for equipment, sales item purchases, services, damage waiver fees, rental deposits and other charges by Fletcher Group, LLC.
2. That, in the event, any rental equipment be stolen, lost, damaged or returned late I also authorize Fletcher to settle these costs with this card also.
3. That I have received and am satisfied with all of the products or services associated with all of these transactions.
4. That I have no dispute and agree to waive any dispute rights that I might otherwise have in connection with these transactions.
5. That I agree to pay for these charges pursuant to my agreement with the card issuer.
6. That I understand and agree to Fletcher Group's Terms and Conditions which are printed on the back of all Rental Agreements as well as published on www.fletch.com.
7. That I agree to allow Fletcher Group to use the above card/account as a condition of extending credit terms on an open account or as a guarantee of insurance deductibles for claims that may arise.

Card Type AMEX VISA MasterCard Discover

Credit Card Number _____

Expiration Date _____

Verification Code _____ 3 Digit # back MC/Visa – 4 Digit # front AMEX

Cardholder Name _____

As it appears on card

Billing Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Production Co. Acct(s) _____ **Contract #** _____

I understand that credit card funding decisions are being made and I agree that the above merchant's credit card processor may rely upon my statements on this letter.

Cardholder's Signature _____ **Date** _____

Please return agreement via mail or fax along with a legible copy of Credit/Debit card front and back and a valid photo ID with a signature. Fax 312-932-2799.

To cancel this authorization, contact Fletcher Group's accounting department during normal business hours. Cancellation will be confirmed and completed via fax or email by Fletcher Group, LLC.