

Gearhead Camera, Inc,  
6010-C North Crestwood Ave.  
Richmond, VA 23227  
(804) 675-2635  
<http://www.gearheadcamera.com>

**Credit Card Authorization Form**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND  
RETURN TO US.

All information will remain confidential.

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ Amex

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back for Visa, MC, Disc, or  
4-digit code on front for Amex): \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_ (USD) for Invoice # \_\_\_\_\_.

I authorize Gearhead Camera Inc. to charge the agreed amount listed above to my  
credit card provided herein. I agree that I will pay for this purchase in accordance  
with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Name: \_\_\_\_\_

FIRST-TIME RENTALS ALSO REQUIRE PHOTOS OF THE FRONT/BACK OF  
CARD AND CARDHOLDER'S DRIVER'S LICENSE OR PASSPORT

**Once signed return the completed form to [Gearheadcamera@gmail.com](mailto:Gearheadcamera@gmail.com)**