



4 Cortlandt Alley
New York, NY 10013
Phone: 212-523-0954
rental@kmcamera.com

AUTHORIZATION FORM

Date _____

To Digital Darkroom & Photography Inc, Rentals

I _____

authorize Digital Darkroom & Photography Inc. to charge my credit card.

For security deposit

I understand and agree that my credit card will be authorized for full replacement value, and will be charged against loss or damage of equipment rented.

And rental charges

I understand and agree that my credit card will be charged for the rental charges of equipment rented.

Card No. _____ Exp. _____

Name (on card) _____

Billing Address _____

City / State / Zip _____

Phone _____ Fax _____

eMail _____

I authorize _____
to pick up rentals on my account. (Please print name)

Signature **X** _____

Please fill out and email with copies of ID and Credit Card (front and back) to rental@kmcamera.com