



## GOTHAM SOUND

35-10 36<sup>th</sup> Avenue, Second Floor, Long Island City, NY 11106  
Phone: (212) 629-9430 Fax: (212) 629-9436 Email: [nyc@gothamsound.com](mailto:nyc@gothamsound.com)  
Hours: Monday-Friday 9:00AM – 6:00PM

### \*Authorization for Rental Contract/Sales Order # \_\_\_\_\_

I authorize Gotham Sound and Communications, Inc. to charge this credit card for the above sale(s) and/or rental(s).

### ☐ (Optional) **Do Not Keep Card Information On File**

By checking this box you acknowledge that once the sale(s) and/or rental(s) are closed, my credit card information will not be kept on file to expedite future orders. A new credit card authorization will need to be completed for all future orders. If this box is left unchecked we will keep this card on file for future transactions. If left unchecked, all future transactions will need written confirmation (email or other) of the last four digits of the card, security code, amount to be charged, and reference to the sale/rental order number.

### \*Customer Information Complete all fields, printing neatly.

\*Billing Contact \_\_\_\_\_

\*Company Name \_\_\_\_\_

\*Address \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### \*Credit Card Information:

Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

\*Card Number \_\_\_\_\_ \*Security Code \_\_\_\_\_

\*Name on Card \_\_\_\_\_ \*Expiration \_\_\_\_\_

\*Billing Address (if different from above) \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

\*Required

### Agreement

I understand that if I am charging this for business use, I am still personally responsible for this charge. I understand that I am responsible for all shipping/handling charges, as well as missing, lost, or stolen equipment charges related to my sale(s) and/or rental(s). I understand that rental equipment is not placed on hold until Gotham receives this credit card authorization and that equipment is subject to availability at the time I submit the authorization. I understand that unless other arrangements are made in advance, all rentals are to be picked up at 3PM or later on the scheduled pick-up date and all rentals are due back by 10AM on the scheduled return date. I understand that cancellation of reserved rental equipment within 24 hours of the scheduled pick-up time is subject to a cancellation fee equaling one day of the rental.

**\*Required Documents to Accompany this Form:** Copy of Government-Issues ID, Front and Back of Card

**Optional Documents to Accompany this Form:** Insurance Certificate, Tax-Exempt Certificate.

\*Cardholder's Signature: \_\_\_\_\_ \*Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**A note about insuring your rental:**