

GOTHAM SOUND

35-10 36th Avenue, Second Floor, Long Island City, NY 11106
Phone: (212) 629-9430 Fax: (212) 629-9436 Email: 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

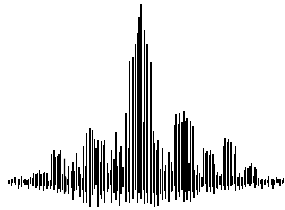
I understand that if I am charging this for business use, I am still personally responsible for this charge. I understand that I am responsible for all shipping/handling charges, as well as missing, lost, or stolen equipment charges related to my sale(s) and/or rental(s). I understand that rental equipment 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:



GOTHAM SOUND

Gotham Sound and Communications, Inc. needs to make sure that our rentals are covered for the replacement value if the equipment is lost or stolen. This is to protect not only Gotham, but the company or person renting the equipment. If you submit insurance to Gotham, you must provide us a credit card or a certified check to cover the deductible of the rental.

Total Replacement Value or Insurance Deductible:

If you submit a credit card:

We put a HOLD on the Credit card for the replacement value of the equipment if you DO NOT have insurance or deductible amount if you DO have insurance. The hold will be kept on your credit card for approximately 7-9 business days. Gotham does not control the release of the hold. It is up to the individual credit card companies to take the hold off of your credit card.

If you submit a certified check:

-Must be received before pick up or shipping date.

-It will be deposited. When the rental is returned and checked in, a check will be cut to renter within 5 to 7 business days.

CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)

PRODUCER: THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: _____
 INSURER B: _____
 INSURER C: _____
 INSURER D: _____
 INSURER E: _____

INSURED: _____

COVERAGE

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS. LINE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY				EACH OCCURRENCE \$
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one person) \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PER. <input type="checkbox"/> LOC.				GENERAL AGGREGATE \$
	AUTOMOBILE LIABILITY				UNINSURED MOTORIST'S LITIG (Per accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	DAMAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
	EXCESS LIABILITY				AUTO ONLY: ADG \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
	<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				WC STAT. - OTHER \$
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS					
CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION			
Gotham Sound and Communications, Inc. 35-10 36th Avenue Second Floor Long Island City, NY 1106		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			

YOUR INSURANCE COMPANY NAME, ADDRESS, AND PHONE NUMBER

YOUR NAME AND ADDRESS MUST MATCH THE INFORMATION ON THE RESERVATION/CONTRACT

Rented & Leased Equipment

Gotham Sound and Communications, Inc. must be listed as Additional Insured and Lost Payee.

Limit \$\$\$ Deductible \$\$\$ Credit Card Auth. Required