

Fat Eye Studios, Inc.

4466 Worth St., Unit E & G, Los Angeles, CA 90063

CREDIT CARD AUTHORIZATION FORM – Location Rental

Individual/ Business/ Group Name: _____

Contact Phone Number: _____

Contact Email Address: _____

I, the undersigned Cardholder, do hereby authorize the use of my credit card as a security deposit to secure the location on this date(s): _____ in the amount of: \$_____. Credit card will be charged upon receiving and the authorized amount will be deducted from the total balance due.

In addition I authorize the use of my credit card as a security deposit against loss of or damage to the studio location at 4466 Worth St., Unit E___ and/or Unit G___, Los Angeles, CA 90063 and as payment for charges related to rental of Fat Eye Studios Inc. including but not limited to overtime charges, cancellation charges, additional days of studio rental and additional charges such as cleaning fees and painting of cyc, pursuant to standard rental agreement, the terms of which are hereby acknowledged. I understand that if the studio is damaged and there is an amount not covered by insurance or if rental and additional charges are not paid in full, Fat Eye Studios, Inc. will submit charges for repairs, replacements, and/or rental fees to this credit card.

This authorization shall apply to all charges incurred during rentals made in the name of this Individual/Business/Group. Unless otherwise specified in writing to the contrary, any person renting the studio in this name will be presumed to have the authority and authorization to do so. Either party may terminate this agreement as long as written notice is received 15 days prior to their intent to terminate. In the event that the credit card company fails or refuses to make payment for the charges submitted, the Cardholder will be held responsible and liable for all charges including any collection fees and expenses, attorney fees, and court costs.

I understand that I am fully responsible and liable for said charges as if I had signed the credit card voucher and related rental agreement(s) in person. I agree that the signature below is the same on the credit card with the below stated number. I understand and agree to all terms and conditions as set forth in this document, and I authorize Fat Eye Studios, Inc. to charge my credit card accordingly.

Cardholder Name: _____

Credit Card Number: _____ Expiration Date: ____/____

Type of Card: Visa MasterCard American Express Discover

CVC Code (security code from back of card V/MC/D front of card AX): _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature of Cardholder: _____ Date: _____

All information is kept confidential and used only for the purposes noted above.

****Please include photocopies of valid photo ID and of signed credit card's front and back****