



CREDIT CARD AUTHORIZATION

Customer Information:

Company Name _____

Address _____

(City) _____ (State) _____ (Zip) _____

Telephone _____ Contact _____

Fax _____

E-mail _____

Credit Card Information:

Card Type:

- Visa
- Mastercard
- American Express
- Diners Club

PLEASE CHECK ONE:

- Single Transaction Order Number _____
- Blanket Authorization for this and future transactions approved by cardholder.

Card # _____ - _____ - _____ - _____

Expiration Date ____/____/____

CVV2#: _____ (MC/Visa/ Disc: last 3 digits in signature strip; Amex: 4 numbers on front)

Name of Card Holder _____

Card Billing Address _____

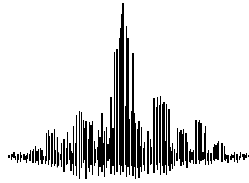
(City) _____ (State) _____ (Zip) _____

Authorization:

I authorize Gotham Sound and Communication, Inc. to charge my credit card. If I am charging this for business use, I am still personally responsible for this charge. I also understand I am responsible for all shipping / handling charges, missing, lost or stolen equipment and costs related to my order.

Cardholder's Signature: _____ Date: ____/____/____

*****This form must be accompanied by a copy of card (Front and back) as well as cardholders photo ID (Front only). If you are tax-exempt, certification must be submitted before pick-up date. *****



GOTHAM

SOUND & COMMUNICATIONS, INC.

A note about insuring your rental:

Gotham Sound and Communication 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/YY)
PRODUCER INSURED	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:		

Your Insurance Company Name, Address, and Phone Number

Your Name and Address MUST MATCH THE INFORMATION ON THE RESERVATION/CONTRACT

COVERAGE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT
GENERAL LIABILITY	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any one fire) \$
					MED. EXP. (Any one person) \$
					PERSONAL & ADV. INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COMP/OP AGG. \$
GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO. <input type="checkbox"/> LOC.					
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per occurrence) \$
GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
EXCESS LIABILITY	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
	DEDUCTIBLE \$				AGGREGATE \$
	RETENTION \$				
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					NO OVERLAP TOY LIMITS \$
					PER EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$

Rented & Leased Equipment

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

Gotham Sound and Communications, Inc. 330 West 38th Street Ground Floor #105 New York, NY 10018

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

CERTIFICATE HOLDER: N ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION: 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.

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

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