

# **FLETCHER CHICAGO, INC**

DBA  
Fletcher Camera & Lenses - Chicago  
1000 N. North Branch Street  
Chicago, IL 60642  
312-932-2700  
[frontdesk@fletch.com](mailto:frontdesk@fletch.com)



DBA  
Fletcher Camera & Lenses - Detroit  
23815 Industrial Park Drive, #150  
Farmington Hills, MI 48335  
248-478-3479  
[www.fletch.com](http://www.fletch.com)

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## Credit Card Authorization

I hereby confirm as to each of the charges:

1. That I authorize Fletcher Chicago, Inc. to charge my Credit or Debit card for the purpose of rental fees for equipment, sales item purchases, services, damage waiver fees, rental deposits and other charges by Fletcher Chicago, Inc.
2. That, in the event, any rental equipment be stolen, lost, damaged or returned late I also authorize Fletcher to settle these costs with this card also.
3. That I have received and am satisfied with all of the products or services associated with all of these transactions.
4. That I have no dispute and agree to waive any dispute rights that I might otherwise have in connection with these transactions.
5. That I agree to pay for these charges pursuant to my agreement with the card issuer.
6. That I understand and agree to Fletcher Chicago's Terms and Conditions which are printed on the back of all Rental Agreements as well as published on [www.fletch.com](http://www.fletch.com).
7. That I agree to allow Fletcher Chicago to use the above card/account as a condition of extending credit terms on an open account or as a guarantee of insurance deductibles for claims that may arise.

**Card Type**             AMEX         VISA         MasterCard     Discover

**Credit Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Verification Code** \_\_\_\_\_ 3 Digit # back MC/Visa – 4 Digit # front AMEX

**Cardholder Name** \_\_\_\_\_  
As it appears on card

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Production Co. Acct(s)** \_\_\_\_\_ **Contract #** \_\_\_\_\_

*I understand that credit card funding decisions are being made and I agree that the above merchant's credit card processor may rely upon my statements on this letter.*

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

Please return agreement via mail or fax along with a legible copy of Credit/Debit card **front** and **back** and a valid photo ID with a signature. Fax 312-932-2799.

*To cancel this authorization, contact Fletcher Chicago's accounting department during normal business hours. Cancellation will be confirmed and completed via fax or email by Fletcher Chicago, Inc.*