

# TECHNISPHERE CORPORATION



335 WEST 35<sup>TH</sup> STREET, NEW YORK, NY 10001 (212)777-5100 (800)343-9500 FAX: (212)777-5150

## CREDIT CARD LOSS/DAMAGE AUTHORIZATION FORM

I, \_\_\_\_\_ assume full responsibility in case of any loss, theft, or damage to equipment rented from Technisphere Corporation from the moment it leaves until it is returned.

I certify that I am authorized to make this representation on behalf of  
\_\_\_\_\_.

I understand that my credit card (listed below) is a security deposit to be used and may be charged for full replacement cost in case of any loss, theft, or damage to equipment. In the event that an insurance certificate is provided, we will place a hold on the credit card equivalent to the amount of the deductible on the insurance to cover any loss, theft, or damage to the equipment not covered by the insurance policy.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Type (Check One):  AMEX  Visa  MasterCard  Discover

Company \_\_\_\_\_

Card Holder's Name (Print) \_\_\_\_\_  
(Exactly as it appears on the credit card)

Card Holder's Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

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

Address \_\_\_\_\_

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

Card Holder's Phone Number \_\_\_\_\_

Please fax back to the Rental Dept. at: 646-473-1478