



# 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.

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