

OLIPHANT STUDIO

Credit Card Authorization

Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name: _____

Card Number: _____

Expiration Date (mm/yy): _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I authorize Oliphant Studio to bill the credit card provided for rental charges, damage and/or loss charges, late fees, shipping & handling fees, and purchases.

All commissioned rental backdrops and rental backdrops from stock remain the exclusive property of Oliphant Studio.

Signature: _____ Date: _____

Please mark accordingly: **KEEP** on file for future orders. Do **NOT** keep on file.

Email final receipt to: _____

NEW ACCOUNT

(Only complete if you are setting up a new account or your account info. needs to be updated)

Company: _____

Contact Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

PLEASE EMAIL BACK TO RENTALS@OSTUDIO.COM

449 TROUTMAN ST. SUITE B BROOKLYN, NY 11236

T: 718.497.4500 | F: 718.408.2350

WWW.OLIPHANTSTUDIO.COM