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	R	E N T	A L C O N	TRACT		A G R E	E M E	N T
e e							Please	
S O								provide street
L								address. UPS
D	P							cannot ship
								to P.O. Box.
								•
	Drivers License No.# Phone No#:()							,
	Deposit: \$ DATE: CUSTOMER P.O. NO.: ORDERED BY: CUSTO						STOMER ID	NO ·
	DATE.	COS	TOMER T.O. NO	ORDERED B1.		CO	STOMERID	NO
	Quantity	ntity Stock No.: Description:					Unit Price:	Total Amount:
1								
2								
3								
4								
5		7.						
6								
	I, authorize Foto Club Inc. to release rental							
	100	(Credit Card Holder's Printed Name)						
P	equipment to my agent(s) and give my agent(s) and give my agent(s) authority to sign the Rental Agreement. Foto Club Inc.is authorized to on my credit card.							
A								
Y								
M								
E	#, Exp.:, V-CODE:							
N		Name of Card Holder: (PRINT) Credit Card Billing Zip Code				Sub-1 otal		
T	rame of Card Horder, (Praint) Credit Card			i billing Zip Code	2	Shipping & Har Sales Tax (C		
	Signature of Caro	ignature of Card Holder: X				LA County 8.25% *		
Ι	CREDIT CARDS REQUIRE SIGNATURE, EXPIRATION DATE & BILLING ZIP CODE					Less De	posit:	
N	Conditions and agree to be bound by all Terms and Conditions. Lauthorize Foto Club Inc. to use OR N					OU HAVE QUESTIONS NEED ASSISTANCE,	Grand	
F	my credit card for collateral deposit for replacement value of equipment rented from Foto Club PLEASE CALL OUR RENTAL DEPARTMENT							
O	Inc. I understand the collateral deposit will be used to guarantee the equipment is returned in the 1 (888) 921-FOTO (3686)							