**CREDIT CARDHOLDER'S AUTHORIZATION FORM**

In lieu of my credit card imprint, I, _____

hereby authorize BRAINCELL, LLC to charge my: VISA AMEX MC DISCOVER

_____

(Credit Card Number)

_____ _____

(Card Expiration Date) (Security Code on card)

_____ Cardholder Name

_____ Billing Street Address

_____ Billing City/State/Zip

_____ Phone

_____ E-mail

_____ Driver's License #

I, the under-signed, authorize the use of my credit card by BRAINCELL, LLC in payment of all services/equipment already rendered and invoiced as well as in advance payment for all services/equipment to be rendered in the near future either in the form of a deposit or full payment, in accordance with all terms stipulated in BRAINCELL, LLC's Rental and Policy Agreement as agreed upon by the above-named company and/or agents thereof including but not limited to all terms regarding any additional fees such as cancellation, transportation, loss and damages etc.. I understand that this card will remain on file and will be charged automatically with no further notice required of me in accordance with the payment terms stipulated in same Rental and Policy Agreement until such time as I update the credit card on file information.

**X** _____ _____

(Signature of Cardholder) (Date)

Braincell, LLC dba Braincell Camera 2681 Shadow Pine Dr. Fruitport, MI 49415
248-980-6382 rentals@bcell.com