

Pickup Authorization Form

This form must be completed and returned to the verification department before any equipment will be released to anyone other than the primary account holder. (listed on billing information) This form may be emailed to steve@thelenspal.com, or faxed to 407-993-8102. Cell phone photos of this form are acceptable as long as they are clear and legible. Authorization is subject to approval.

Order Number: _____

Name of Primary Account Holder: _____

Name of person authorized to pick up: _____

ID of Primary Account Holder:

** Please note that by signing this form you are accepting full responsibility for the equipment per our rental agreement. You will be held financially responsible for any loss or damage to the equipment by the authorized pickup as though you yourself had received said equipment.*

Signature of Primary Account Holder: _____