Hightened Path RV Rentals 4419 Centennial Blvd. #313 Colorado Springs, CO 80907 Direct: 253.951.1599 www.hightenedpath.com

Sec	urity/Damage Deposit Authorization Form
1 hereby authorize H	ightened Path RV to charge my credit card as follows:
CARDHOLDER'S NAME	:
COMPANY NAME	:
ADDRESS	:
CITY, STATE, ZIP	· · · · · · · · · · · · · · · · · · ·
PHONE HOME	WORK PHONE:
EXPIRATION DATE	: CIC CODE:
FOTAL AMOUNT IN US	\$:
	Y CREDIT CARD FOR SERVICES, COSTS, DAMAGES, LOSSES, AND A MOTOR HOME OR TRAVEL TRAILER
SIGNATURE:	DATE:
that I have been advised of, an	e Hightened Path RV to charge my credit card for all charges related to my RV rental. I certid d provided a copy of the Booking Agreement and Reservation Confirmation; including the n I have read, understand and accept. I agree not to dispute charges made under this
	SECURITY DEPOSIT(S)
returned in identical condition a repairs, additional rental time a and/or credit card on file. All p Payments of applicable insurand the event Renter fails to obtain additional insured/loss payee; of	rges billed to your credit card and/or against the security deposit, the rental unit must be is received, full of fuel; with the unit's waste tanks emptied. Any damages noted. Necessary nd/or mileage, missing items, fuel charges, etc. will be billed against the security deposit ickups, deliveries and one way rentals exclude fuel and driver return fees and expenses, ce deductibles are on a per occurrence basis and are the sole responsibility of the Renter, I a full coverage insurance policy endorsement naming the RV owner and Hightened Path as or Renter's insurance policy denies coverage for any portion of damages and/or lost use Il responsibility to pay such amounts immediately, as assessed by and upon demand of the
A 3.0% administration fee will a	

