Pickup Authorization Form

The following form must be filled out and returned to the verification department before equipment will be released to anyone other than the primary account holder (person who appears on the billing information). This form can be either e-mailed to us at verify@borrowlenses.com, or faxed to 866-771-9358, cell phone camera images of this form are acceptable so long as they are sharp and legible. Authorization is subject to approval by the verification department.

Order number: _________________

Name of Primary account holder: ________________________________

Name of person authorized to pick up: ____________________________

ID of primary account holder: ________________________________

Please note: By signing and submitting this form you are accepting responsibility for the equipment per our lease agreement. If anything happens to said equipment while in the hands of your authorized pickup, you will be financially responsible for any loss or damage to the equipment as though you yourself had received said equipment.

Signature of primary account holder: ________________________________