



Transponder Rental Form

Car Owner/Driver Information

Event at which transponder is to be used: _____

Driver: _____ Car Owner (If different than owner): _____

Address: _____ City, State Zip: _____

Cell Phone @ track: _____ Alternate Phone: _____

Email: _____

Car Information - Please use one form for each transponder rental.

Car Year: _____ Make/Model: _____

Color: _____ Group: _____ Car # (Usual): _____

Fees

Rental: ----- \$150 _____

Rental Deposit (if renting with cash and no Credit Card Auth Form on file): --- \$650 _____

Additional fee if not Returned: ----- \$650 _____

Payment (check one): Credit Card ___ Check/Cash ___

Total Enclosed (at rental): _____

If paying by check, you must submit a completed Credit Card Authorization Form to cover costs if Transponder is damaged or not returned. As an alternative to this, you may submit a second check in the amount of \$650.

To pay via credit card, please complete and submit the attached Credit Card Authorization form.

Note: HSR, SVRA, PCA, BMWCCA, VDCA, NASA, PBOC and SCCA are currently using the same system. If you already have a transponder from racing with one of these organizations, please contact the office to provide your transponder number. You will not need to rent a unit.

As a condition of rental, the Owner/Driver certifies understanding of the following: It will be the responsibility of the renter to return the transponder(s) in good condition to receive the deposit back.

Renters who fail to return the transponder by the close of the event will be charged \$650 or forfeit their entire deposit. If the transponder is later returned (within 30 days of the event), the driver will receive a \$300 credit on their MSR account with HSR. Renters returning damaged transponders shall be charged the entire \$650 or forfeit the entire deposit.

Signature: _____ Date: _____

*****Note: Make checks payable to HSR. Bring this form to Registration at the event.**

FOR OFFICE USE ONLY - Transponder # assigned to above: _____ Code: _____

Returned (Where/When): _____



Credit Card Authorization Form

Card Type: Visa Mastercard Discover American Express

Card Number: _____ CV: _____

Expiration Date: _____ Billing Address Zip Code: _____

Name on Card: _____

Address: _____

City/State/Zip code: _____

Phone Number: _____ Email Address: _____

Total Amount to be Charged: _____ Email Receipt: YES NO

Invoice Number (if applicable): _____

If not paying for a specific invoice, please give a detailed description of the item(s) you are paying for:

Approval:

Cardholder Signature

Date

By signing this agreement, I acknowledge that I am authorized to sign for the card listed above and will not dispute the payment with my credit card company. By signing, I authorize Historic Sportscar Racing to charge this card in the amount shown on this document. This document pertains only to the payment amount indicated and in no way changes the terms of the original agreement. All amounts, credits, refunds, returns and other terms are governed by the original agreement that this payment corresponds to.