



240 Great Circle Road
Nashville, TN 37228

ALL NEW CUSTOMERS ARE REQUIRED TO USE OR MAKE AVAILABLE A CREDIT CARD FOR THEIR FIRST CAMERA RENTAL. YOUR CARD WILL BE PRE-AUTHORIZED FOR THE AMOUNT OF THE CAMERA RENTAL. NEW CUSTOMER CAN CHOOSE TO PAY BY CHECK, BUT IF A CUSTOMER REACHS PAST DUE STATUS, THE CREDIT CARD WILL BE USED TO PAY FOR THE CAMERA INVOICE. PLEASE COMMUNICATE YOUR FINAL PAYMENT METHOD TO YOUR RENTAL AGENT OR THE CAMERA RENTAL ASSISTANTS.

*** ALL NEW ACCOUNTS RECEIVE NET 10 TERMS.**

*** NET 30 TERMS ARE ONLY AVAILABLE IF YOU FILL OUT A FULL CREDIT APPLICATION 10 DAYS IN ADVANCE!**

ACCOUNT INFORMATION

Name _____
Billing Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

Mailing Address
If different _____ City _____ State _____ Zip _____

Year Established _____ Corporation _____ Partnership _____ Proprietorship _____
Incorporated under laws of what State? _____ Year Incorporated _____
Employer Identification # _____ Dunn & Bradstreet ID# _____
Type of Company: Broadcast _____ Post/Edit _____ Government _____ Producer _____ Staging _____ A/V _____ Other _____

For Proprietorship / Partnership Social Security # _____ Drivers License# _____ State _____

Name of President _____
Residence Address _____ City _____ State _____ Zip _____

Name of Vice President _____
Residence Address _____ City _____ State _____ Zip _____

Name of Treasurer _____
Residence Address _____ City _____ State _____ Zip _____

Sales Contact Person _____ Accounting Person _____

Do you use purchase order numbers? _____

Authorized names _____

Credit Limit Request _____

TRADE REFERENCES IN THIS INDUSTRY

Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

Name _____
Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

BANK REFERENCE

Name of Bank _____ Branch _____

Address _____ City _____ State _____ Zip _____

Bank telephone Number _____ Contact Person _____

Checking Account _____ Savings Account _____

AUTHORIZED TO RELEASE BANKING INFORMATION

Please release any and all information on my accounts

(print name of company and / or individual)

Signature _____ Date _____

Photocopies of this authorization may be made to facilitate multiple inquiries.

In the event that you receive a photocopy, it should be treated as an original and the information be released.

CREDIT CARD SIGNATURE AUTHORIZATION

Company Name _____

Cardholder(s) Name _____

Type of Card _____

Credit Card Number _____ Expiration Date _____

Credit Card Billing Address _____

The following person is authorized to sign the credit card presented for payment to Armanda Costanza, Inc.

(print name of individual)

Authorized Signature _____ Date _____

INSURANCE INFORMATION

A CERTIFICATE OF INS. covering miscellaneous rented equipment & listing Armanda Costanza, Inc. and/or A.C., Inc. as "Loss Payee" is required from all rental clients.

Your Insurance Broker _____

Address _____ City _____ State _____ Zip _____

Phone _____ Contact Name _____