

Rental Application / Contact Information



Company Name _____

Type of Business _____

Billing Address _____

Shipping Address _____

Phone _____ Fax _____

Cellular _____ Pager _____

Email _____ Web Address _____

Corporation _____ Partnership _____ Proprietorship _____ LLC _____

SSN _____ Federal ID # _____

Date Started _____ Duns Number _____

Ever file for bankruptcy? _____ Disposition _____

Taxable? Yes _____ No _____ Resale # _____

(Copy Of Certificate Needs To Be Attached)

Is P.O. Required? _____ Accounts Payable Contact _____

Insurance Company _____

Contact Person _____ Phone _____

Authorized Renter: _____ Phone _____ Email _____

Authorized Renter: _____ Phone _____ Email _____

I hereby authorize _____
to pickup equipment and I, _____ take
full responsibility for payment and any damage that might occur.

Signature

Printed Name

Date

Title

PRINCIPALS/OWNERS NAMES

Name _____ Title _____

Driver's License # _____ State _____ Exp _____

Name _____ Title _____

Driver's License # _____ State _____ Exp _____

TRADE REFERENCES

Name _____ Phone _____ Acct # _____

Address _____ Contact _____

Name _____ Phone _____ Acct # _____

Address _____ Contact _____

Name _____ Phone _____ Acct # _____

Address _____ Contact _____

I certify the above information is correct and authorize its use for with Access Media Group.

The undersigned severally and/or collectively personally guarantees the payment of all charges made by and/or on behalf of the applicants, any losses or damages, plus attorney fees, court, and all other costs of collection should collection proceedings become necessary.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____