

CINEMA SHOT, LLC

RENTAL CLIENT ACCOUNT INFORMATION

COMPANY NAME: _____ WEBSITE: _____

ADDRESS _____ TELEPHONE # _____

CITY _____ STATE _____ ZIP _____ FACSIMILE# _____

CONTACT PERSON: _____ TITLE _____

EMAIL ADDRESS: _____ TELEPHON#: _____

ACCOUNTING CONTACT: _____ TITLE: _____

EMAIL ADDRESS: _____ TELEPHONE #: _____

Do you require purchase orders ? YES NO IF YES, Do you require WRITTEN OR VERBAL? Written Verbal

Persons Authorized to place orders on company behalf:

Name: _____ Email: _____ Tele#: _____

Name: _____ Email: _____ Tele#: _____

Payment Method: Company Check ACH Wire Transfer **Credit Card

** Credit Card may be charged up front for base rental and will be charged for any added rental / purchase items, or missing and/or damaged equipment. Cinema Shot, LLC's Credit Card Authorization form must be filled out for each Credit Card used.

TYPE OF BUSINESS _____ SELECT ONE: Individual Partnership Corp LLC

IF INCORPORATED, IN WHAT COUNTY _____ & STATE _____

DATE CO. STARTED ____/____/____ FEDERAL TAX ID # (OR Social Security # _____

Applicant's signature below attests & accepts financial responsibility, ability, and willingness to pay all Cinema Shot, LLC invoices in accordance to the company payment terms they may grant the applicant, as shown on each invoice. Net Terms are not guaranteed, and subject to management review and approval. Otherwise, all invoices are due upon receipt or as noted on the invoice. Any unpaid balance after thirty (30) days will be subject to 1.5% service charge per month. Collection costs such as attorney fees, storage, advertising, accounting and all costs incurred through outside collection services are to be paid by debtor.

FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT TO Cinema Shot, LLC.

- I/We, the Customer, assume complete financial responsibility in addition to the safety, care, & protection of equipment rented from Cinema Shot, LLC.
- I/We will Provide written proof of adequate All-Risk Floater insurance coverage to Cinema Shot, LLC. A copy of our policy or Certificate of Insurance indicating the effective and expiration date, with our limitation of coverages and deductibles will be forwarded to cinema Shot, LLC **48 hours** PRIOR TO OUR INITIAL RENTAL CONTRACT. Upon expiration, a copy of our new or renewed policy or certificate of insurance will be forwarded to Cinema Shot, LLC . for their records.
- I/We agree to contact Cinema Shot, LLC immediately after contacting law enforcement in the event of theft, and provide them with the case # and a copy of the police report within 24 hours of notification. I/We understand that the rental period continues until such time that the equipment is returned in the same condition it was received in, or replacement(s) ordered by Cinema Shot, LLC have been received from their vendor(s) and My/Our company or insurance underwriter have paid Cinema Shot, LLC In Full for the repairs and/or replacements .

Signed by: _____ Title: _____

Printed Name: _____ Date: ____/____/____