



NEW ACCOUNT INFORMATION

DATE: _____
TO: _____ COMPANY: _____
FAX NUMBER: _____ PAGES: _____ TEL: _____
FROM: _____ FAX _____
AVP RENTAL AGENT: _____ MS OFFICE: _____

Thank you for your interest in establishing an account with Multimedia Systems (MS). Below outlines the application and insurance requirements. If you have any questions please call our credit department at 310-836-8800 or visit us at 9005 Exposition Blvd. Los Angeles, CA. 90034.

New Account Application Requirements:

The new Account Application, resale certificate form and the MS Agreement must be completely filled Out and signed by an officer of the company. Credit and bank references and if applicable, your state provided Exemption certificate may be attached on a separate sheet. If you would like to keep a credit on file, complete **The credit card authorization form**.

- Customer needs to be listed as insured. Account must be opened under the same company name the Insurance is issued to:
- Multimedia Systems must be listed as the **Certificate holder**.
- Insurance coverage period must extend 3 months past the rental ending date.
- Insurance coverage must be for **Full replacement value** of the rental equipment.
- **Multimedia Systems must be always be listed as additional insurance and lost payee**. This requires the purchase of liability and property coverage.
- Insurance certificate should list Type of insurance as Misc. Multimedia Systems/leased.
- If equipment is going outside the United States, you will need worldwide coverage.
- Police number, effective date and date of the expiration are needed on the insurance form.
- See Rental Agreement for complete insurance requirements.

Once completed, please fax your Application package directly to the Multimedia Systems Credit Department at 310-861-5875 or Mail to 9005 Exposition Blvd. Los Angeles, CA. 90034. Forms include:

- Signed New Account Application
- Signed Rental Agreement
- Certificate of Insurance
- Signed Credit card Authorization form (optional)

Thank You for your business.

NEW ACCOUNT INFORMATION

Please complete these forms, sign and fax it to 310-861-5875



COMPANY NAME INFORMATION

Legal Name: _____ Tel No: _____
D/b/a: _____ Fax No: _____
Street Address: _____ Cell No: _____
City, State, Zip: _____ Website address _____
Billing Address: _____ City, State, Zip: _____

Resale no: _____
Please provide copy of resale certificate

Type of business: _____ No. Of Employees _____

PRINCIPALS

Name: _____ Address: _____
Name: _____ Address: _____

TYPE OF OWNERSHIP

Sole Proprietorship Partnership LLC Corporation State of inc.

TIN: _____ D&B# _____ No: Years in Business _____

Ever Filed for Bankruptcy? _____ Disposition: _____

Insurance Company (Rental/Production): _____

Tel No: _____ Contact Name _____

AUTHORIZED BUYER

Name: _____

Telephone No. _____ Email: _____

Do you require P.O.'s? _____ AV Representative: _____

HOW DID YOU HEAR ABOUT US?

Yellow Pages Resource guide Internet Reference by: _____

BANK INFORMATION

Bank Name: _____ Contact: _____
Branch _____ Telephone No. _____
Acct.No. _____ Fax No. _____

TRADE REFERENCES
(Open Active Accounts)

Fax numbers must be included to process credit applications

Firm Name _____ Telephone No. _____
Address _____ Fax No. _____
City, State, Zip _____ Contact Name _____

Note: Insurance Certificate Required with Multimedia Systems named as additional insured And loss payee with respect too miscellaneous rented equipment.

Most financial banking institutions, as well as other business required a signature prior to releasing any financial information. By signing this form, I / we hereby authorize the release of all credit information to be released to Multimedia Systems. In consideration of the extension of credit terms, the undersigned severally and/or collectively personally guaranty. The payment of all charges made by and/ or on behalf of the applicants, plus attorney fees, court and all other cost of collection should collection proceeding become necessary.

Authorized Signature _____ Date _____
Print Name _____ Title _____
Office _____ Customer Code _____ Rental Agent _____
Credit Limit _____ Date _____ Approved by _____

We accept the following credit cards: Visa, Master Card, American Express and Discover

Cardholder Name: _____ Credit Card Bank Name: _____
Credit card Number: _____ Expiration Date: _____
Credit Card Bank phone number _____

Please print the address where you receive the monthly bill for above card:

STREET ADDRESS: _____
CITY: _____ STATE _____ ZIP CODE: _____
HOME PHONE: _____ OFFICE PHONE: _____

CELL PHONES ARE NOT PERMITTED

I hereby authorize _____

To pickup equipment and I, _____
Take full responsibility for payment and any damage that might occur.

SIGNATURE: _____

PLEASE PROVIDE PHOTOCOPY FRONT AND BACK OF YOUR DRIVER LICENSE AND CREDIT CARD ONTO AN ATTACHED SHEET.

I hereby authorize Multimedia Systems to charge the credit card above for Payment, Security Deposit, and Insurance Deductibles.

I declare that the information that I have provided is correct

NAME _____ DATE _____