

Company Information

Business Name _____

Business Address _____

Street Address _____ Suite/Unit # _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Time In business _____

Trade References (Must provide at least two)

Company Name _____

Phone Number _____

Contact Person _____

Company Name _____

Phone Number _____

Contact Person _____

Account information

Form of payment preferred Corporate Credit Card Company Check (circle one)

If approved to pay with company check, a company authorized Purchase Order must be received before any rental will occur. All invoices must be paid within 30 days of receipt. Late charges may apply if any invoice remains unpaid after 30 days.

Print Name

Signature

Date



FAX TO (310) 477-9176

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