

Credit Application Form



Please Select one or both companies accordingly

Customer Information

Name of Business _____ Studio Affiliation _____

Address _____ City _____

Province _____ Postal Code _____ Email _____

Telephone _____ Mobile _____ Fax _____

Type of Business: Commercial Direct to Video Feature MOW
 Viral Van Special Events TV Series Live Event

Credit Card Information

Type: American Express MasterCard Visa

Cardholder's Name _____ Credit Card # _____

Start Date _____ Expiration Date _____ CVC _____

Contacts President _____ General Manager _____

Accounts Payable _____

Post Production

Company Name _____ Accounts Payable _____

Address _____ City _____

Province _____ Postal Code _____ Telephone _____

Accounting

Do you require a Purchase Order on Invoices? Yes No

Preferred Method - Customer Statements Mail E-mail E-mail Address _____

Preferred Method - Invoices Mail E-mail E-mail Address _____



We are committed to protecting the environment. Please provide your email address to receive invoices and reminder statements electronically

Bank Information

Name of Bank _____ Account No _____

Address _____

Trade References (Please include Company Name, Address, Phone and Fax)

- 1. _____
- 2. _____
- 3. _____

Credit Information

Amount of Credit Required _____ Date Business Commenced _____

Driver's License Number of Owner/Officer _____ Expiration Date _____

Name as it appears on license _____

Please note that until credit has been approved all work will be Cash on Delivery. A 1.5% per month will be applied on all overdue accounts.

Insurance

In order to facilitate the completion of your credit application and account setup, adequate insurance must be obtained by your company prior to the release of the equipment to your production. Please refer to the "Insurance Specifications for Equipment Rental" Form for details. In some cases insurance may be substituted with a Cash or Credit Card Deposit in the amount of the Replacement Price of the equipment (this method is available at the General Manager's discretion only).

Authority

All the statements made herein are true and accurate to the best of my knowledge. I authorize the above company to make any and all inquiries necessary for action on this credit application. I/we indemnify **William F. White International Inc.** and/or **Whites Location Equipment Supply Inc.**, as the case may be, and its agents from any liability resulting from their credit survey. The person executing this Credit Application on behalf of Customer hereby represents that he/she has the authority to bind Customer to the provisions contained hereinabove.

Signed _____ **Date** _____

(Must be signed by Principal, Owner or Authorized Agent)

Name _____ **Title** _____

(Please Print)