



ALAN GORDON ENTERPRISES, INC.

Since
1946

Professional Motion Picture & Video Equipment - Rental - Sales - Service - Consignments

To: _____ Attn: _____

COMPANY & CORPORATION RENTAL APPLICATION

(MUST BE COMPLETED BY A CORPORATE OFFICER)

ACCOUNT NAME*			
STREET ADDRESS			
CITY, STATE, ZIP			
PHONE N° (1)			CELL <input type="checkbox"/> WORK <input type="checkbox"/>
PHONE N° (2)			CELL <input type="checkbox"/> WORK <input type="checkbox"/>
E-MAIL ADDRESS		FAX N°	

* ACCOUNT NAME MUST BE IDENTICAL TO THE INSURED NAME STATED ON THE INSURANCE CERTIFICATE

COMPANY INFORMATION

TYPE OF BUSINESS			N° OF EMPLOYEES	
IS YOUR BUSINESS INCORPORATED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IN WHAT STATE?	IN WHAT YEAR?

CORPORATE OFFICERS

NAME & TITLE (1)		HOME PHONE N°	
NAME & TITLE (2)		HOME PHONE N°	
NAME & TITLE (3)		HOME PHONE N°	

APPLICANT'S COMPANY CREDIT CARD INFORMATION

TYPE OF CARD	American Express <input type="checkbox"/>	Discover <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
NAME ON CARD			3-DIGIT SECURITY	
CREDIT CARD N°			EXPIRATION DATE	
ISSUING BANK			BANK PHONE N°	

TO BE COMPLETED BY THE PERSON WHOSE NAME APPEARS ON THE ABOVE CREDIT CARD.

DRIVER'S LICENSE N°		STATE OF ISSUE	
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COMPANY BANK INFORMATION

NAME & ADDRESS OF BANK (1)			
CONTACT NAME		CONTACT PHONE N°	
NAME & ADDRESS OF BANK (2)			
CONTACT NAME		CONTACT PHONE N°	

INSURANCE INFORMATION

Do you carry motion picture equipment rental insurance? Yes No

INSURANCE COMPANY		CONTACT PHONE N ^o	
POLICY N ^o		DEDUCTIBLE AMOUNT	

The Applicant must provide Alan Gordon Enterprises (A.G.E.) with a certificate of insurance. Acceptable insurance coverage must name Alan Gordon Enterprises, Inc. as "loss payee" for the rental of all equipment. The coverage must equal or exceed the replacement value of all rented equipment. The insurance certificate must be valid for the duration of the rental period. If A.G.E. agrees to extend the time of the rental contract, the Applicant is responsible for obtaining and providing A.G.E. with a certificate of insurance covering the extended rental period. Insurance must be provided for coverage of the equipment in transit. The Applicant may be responsible for leaving a deposit equal to the deductible amount for *loss payee coverage* and/or *additionally insured coverage*, whichever is greater, as stated on the insurance policy.

For the purpose of obtaining merchandise or services from Alan Gordon Enterprises, the above information can be relied upon as complete, accurate and truthful to the best of my knowledge.

SIGNATURE _____ DATE _____

PRINT NAME _____

PERSONAL GUARANTEE

To: Alan Gordon Enterprises, Inc.
5625 Melrose Avenue
Hollywood, California 90038

APPLICANT _____

I agree to guarantee payment of any amounts due to Alan Gordon Enterprises (A.G.E.) by the Applicant including amounts which become due now and in the future, together with the costs of collection and reasonable attorney's fees should it become necessary for A.G.E. to take legal action to enforce this Guarantee. I understand and agree that A.G.E. may enforce its rights under this Guarantee without its first having to proceed against the Applicant, apply any security which it may hold, or pursue any other remedy. I consent to the changing or extending by A.G.E. of the time, terms, or amount of payment which may be due or become due by the Applicant. My obligation shall not be affected by changing or extending the time, terms, or amount of payment that may be due or become due by the Applicant. I agree that any claims or rights that I have or may later have against the Applicant will be subordinated and postponed in favor of any claims which A.G.E. may have, now or in the future, against the Applicant.

SIGNATURE _____ DATE _____

PRINTED NAME _____

TITLE _____

**PLEASE COMPLETE AND RETURN THIS FORM
WITH A COPY OF YOUR GOVERNMENT ISSUED PHOTO I.D.**