



alan gordon enterprises

Professional Motion Picture and Video Equipment: Rental - Sales - Service - Manufacturing

5625 Melrose Ave, Hollywood, CA 90038 * P: 323.466.3561 * F: 323.466.7806

www.alangordon.com

rental@alangordon.com

Attn: _____

From: _____

Student Rental Application

Account Information

Name			
Street Address			
City, State, Zip			
Phone No. 1	Cell	Home	
Phone No. 2	Cell	Home	
E-mail Address		Fax No.	

Applicant's Company Credit Card Information

(Must be in the same name as the Applicant)

Type of Card	American Express	Discover	MasterCard	Visa
Name on Card			Security Code	
Credit Card No.			Expiration Date	
Issuing Bank			Bank Phone No.	

Applicant's Driver's License Information

Driver's License #		State of Issue	
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School Information

Name of School			
School Address			
Major/Dept.			
Contact Name		Contact Phone	

Print Name _____

Signature _____

Date _____

Insurance Information

Please check one:

This project is independent of my class work

☐

This project is for a class

☐

Name of Class			
Instructor's Name		Instructor's Ph. #	

Please check one:

- ☐ I will leave a full value deposit in the form of a hold on my credit card, cashier's check or cash.
- ☐ I will purchase Alan Gordon Enterprises' Damage Waiver and leave a deductible deposit.
- ☐ I will use insurance provided by my school.

School's Risk Manager			
Address			
Risk Management Phone #			

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, additionally insured**" 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.

Personal Guarantee

To: Alan Gordon Enterprises
5625 Melrose Ave.
Hollywood, CA 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.

Print Name _____

Signature _____

Date _____