

(Must be completed and signed by a corporate officer. U.S. Driver's License and Credit Card must be in the same name as the signing corporate officer on Page 2. Return this form with a copy of your U.S. Government photo I.D. and credit card.)

\*Account Name must be identical to the **Insured Name** stated on the Insurance Certificate.



# alan gordon enterprises

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

5625 Melrose Ave, Hollywood, CA 90038 • Phone: 323.466.3561 • Fax: 323.871.2193

www.alangordon.com

rental@alangordon.com

Attn: \_\_\_\_\_ From: \_\_\_\_\_

## Company and Corporation Rental Application

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

### Company Information

Type of Business				No. of Employees	
Incorporated?	Yes	No	In What State?		In What Year?

### Corporate Officers

Name		Title		Home/Cell Phone	
Name		Title		Home/Cell Phone	
Name		Title		Home/Cell Phone	

### Applicant's Company Credit Card Information

Type of Card	American Express	MasterCard	Visa
Name on Card		Security Code	
Credit Card No.		Expiration Date	
Issuing Bank		Bank Phone No.	
Driver's License #		State of Issue	

### Company Bank Information

Bank Name/Address			
Contact Name		Contact Phone	
Bank Name/Address			
Contact Name		Contact Phone	

## Insurance Information

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.

Do you carry motion picture equipment rental insurance?      Yes                  No

<b>Insurance Co.</b>		<b>Contact Phone</b>	
<b>Policy No.</b>		<b>Deductible Amt.</b>	

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

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## 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.

**Title** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_