

**Company Name**

street address, suite #

city, state & zip code

office phone

cell phone

fax

email

web site

corporation

partnership

sole proprietorship

year established?**Authorized Contact (owner, officer or partner) :**

title

phone #

email:**Production Contact :**

title

phone #

email:**Billing Contact :**

title

billing phone #

emai:

Do you use purchase orders?

authorized persons:

Do you use a CA resale number?

(If yes, a card must be sent to Videofax prior to rental)**Credit Card Information**

Please include a legible copy of the front and back of your credit card and drivers license or other form of PHOTO ID

card number

expiration date

name on card

company name

credit card billing address

city, state, zip code

cardholder phone number

cardholder email address

For the purpose of renting equipment from Videofax on credit, the forgoing information is complete, accurate and truthful to the best of our/my knowledge.

Signed by

Position