



14141 Covello St., Unit 4B, Van Nuys, CA 91405
Ph. 818-453-8445 Fax. 818-453-8489
jay@shadowcastpictures.com

To: _____

Attn: _____

SECTION 1: COMPANY INFORMATION

Company (or individual): _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____ email: _____

Company Officer #1: _____ Phone: _____

Company Officer #2: _____ Phone: _____

Years in Business: _____ Do you Require Purchase Orders: _____

Others in Company Authorized to order: _____

Yrs in Business: _____ Corporation LLC Sole Proprietorship Partnership State of Incorporation: _____

Type of Business: _____

SECTION 2: INDUSTRY TRADE REFERENCES

Reference Name 1: _____ Contact: _____ Phone: _____

Address: _____ Type of Business: _____ Yrs Known _____

Reference Name 2: _____ Contact: _____ Phone: _____

Address: _____ Type of Business: _____ Yrs Known _____

Reference Name 3: _____ Contact: _____ Phone: _____

Address: _____ Type of Business: _____ Yrs Known _____

SECTION 3: BANK/CREDIT CARD INFORMATION

Bank Name: _____ Phone: _____ Contact: _____

Account Number: _____

Credit Card for Guarantee Purposes Type: ___ Visa ___ MC ___ Amex

Cardholder's Name: _____ Cardholder's Phone: _____

Card Number: _____ - _____ - _____ - _____ Exp: _____ Security Code _____

Credit Card Billing Address, if different than above: _____

SECTION 4: INSURANCE INFORMATION

Insurance Company: _____ Contact Phone Number: _____

Policy Number: _____ Deductible Amount: _____

The Applicant must provide Shadowcast Pictures, LLC with a certificate of insurance. Acceptable Insurance coverage must name Shadowcast Pictures, LLC as **“Loss Payee”** and **“Additional Insured”** for the rental of all equipment. The coverage must equal or exceed the replacement value of all rented equipment. The coverage must be valid for the duration of the rental period. Insurance must be provided for coverage of the equipment while in transit. The Applicant is 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.

Important – Read this paragraph before signing

I, the Lessee, specifically agree to be bound by all the terms and conditions of the Rental Agreement. I further warrant all information on this application to be true. I authorize Shadowcast Pictures, LLC to contact trade and/or banking references above either verbally or in writing for the purpose of accessing my creditworthiness. Whether credit is granted or equipment is rented on a COD basis, I accept full responsibility for making all payments and charges that arise from renting equipment from Shadowcast Pictures, LLC, including any loss or damages that occur while the rental equipment is in my care and custody, and authorize Shadowcast Pictures, LLC to charge my credit card for monies due, including Deposits, Rentals, Lost or Missing Equipment, Late Returns and/or Extended Rentals.

PLEASE PROVIDE A COPY OF THE FRONT AND BACK OF YOUR CREDIT CARD AND DRIVERS LICENSE IN YOUR FAX OR EMAIL BACK TO US. WE CANNOT PROCESS THIS APPLICATION UNTIL THIS IS COMPLETE.

Signed By: _____ Print Name: _____ Date: _____

Title: _____ Cardholder Sig (if different): _____