

VIDEOFAX Rental Application

company name _____ db# _____

street address _____

city & state _____ zip code _____

phone no. _____ fax _____ email _____

corporation ? _____ partnership ? _____ sole proprietorship? _____

year established? _____ incorporated in what state? _____

officers or partners _____ title _____

residence address _____

officers or partners _____ title _____

residence address _____

trade references (please include fax number)

company name _____ phone _____ fax _____

address _____ city _____ zip _____

company name _____ phone _____ fax _____

address _____ city _____ zip _____

company name _____ phone _____ fax _____

address _____ city _____ zip _____

company name _____ phone _____ fax _____

address _____ city _____ zip _____

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).

banking information (complete this section only if applying for an account)

name _____ account number _____

address _____ ph no. _____

name _____ account number _____

address _____ ph no. _____

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 _____