



# Whitley Films Productions

## New Customer

Business Name \_\_\_\_\_

Your Name \_\_\_\_\_

Additional Contacts \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Web Site \_\_\_\_\_

Email Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Are you Sales and/or Use Tax Exempt? NO YES

(If YES, we require a copy of your exemption certificate for our files.)

Do you have Rental Insurance? NO YES

(An approved insurance certificate must be on file with us before your rental to avoid a fee.)

How did you hear about us? \_\_\_\_\_

Credit Card Bill-To Name \_\_\_\_\_

Credit Card Bill-To Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_

Credit Card Type VISA MC DISC AMEX

Card Control Number \_\_\_\_\_

Signature & Date

By signing above, you, as the credit card holder, authorize Whitley Films Productions to charge your credit card for orders placed with us, and rentals booked under the listed account name according to our standard terms and conditions. If this credit card is for payment of a rental contract, you also agree that a collateral deposit may be made on the credit card presented above during the rental event to guarantee the equipment is returned in the condition it was received and to guarantee payment for any damage, replacement, repairs, or rental fees. The deposit will be released once the equipment has been satisfactorily returned to Whitley Films Productions.