



P.O. Box 3209
Camp Verde, AZ. 86322-3209
Office: (928) 649 - 0166
Fax: (928) 567 - 9516
Web: www.avscorp.net

E-mail: rentals@avscorp.net

RENTAL ACCOUNT APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Year Established: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Authorized Purchasing Agent: \_\_\_\_\_

CORPORATIONS:

Federal EIN #: \_\_\_\_\_ TPT#: \_\_\_\_\_ DUNS#: \_\_\_\_\_

SOLE PROPRIETOR or PARTNERSHIP:

Social Security #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

BANK REFERENCE:

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

TRADE - CREDIT REFERENCES:

1. Company: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Company: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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CREDIT CARD: ~ VISA MASTERCARD AMERICAN EXPRESS

Type: Credit Card #: Exp. Date:

Name on Card:

Billing Address:

City, State, Zip:

INSURANCE:

Audio Visual Specialists, llc requires a Certificate of Insurance naming us as "Loss - Payee" to be on file with us at least 24-business hours prior to the release of any equipment. The Certificate must cover the rental equipment for the entire time the equipment is rented including during the transportation of the equipment to and from Audio Visual Specialists' place of business. The rental period will continue until the equipment has been returned or repaired. The replacement value of the equipment shall be the current manufacturers list price at the time of loss plus shipping and taxes when applicable. In the event the equipment is no longer manufactured, a substitute of equal or greater value will be utilized as replacement. A loss damage waiver can be provided for an additional charge.

Insurance Carrier:

Address: City, State, Zip:

Phone #: Fax #:

Contact: Email:

TERMS AND CONDITIONS:

Terms are COD except where an approved credit relationship has been established. Terms are NET 30 Days on established credit accounts. A service charge of 2.0% per month (24% per year) will be levied on all past due accounts. Should Audio Visual Specialists, llc need to take action to collect any money due, Audio Visual Specialists, llc shall be entitled to attorney's fees and costs and interest at 24% per annum from the date the money is first due. Should any dispute arise between parties, the dispute shall be resolved based on Arizona law and be under the jurisdiction of the Arizona courts.

I have read and agree to the insurance and payment terms and conditions. I authorize Audio Visual Specialists, llc to check the applicant's credit history with the references given. In consideration of the extension of credit terms, the undersigned severally and/or collectively do personally guarantee the payment of all charges made by and/or on behalf of the applicants.

Signature: Title:

Name: Date: