



Trew Audio, Inc.

220 Great Circle Road, Suite 116

Nashville, TN 37228

800-241-8994 615-256-3542 (Fax to 615-259-2699)

Application for Equipment Rental and/or Account Terms

Firm Name _____

Billing Address _____

Street/ Shipping Address (no PO boxes) _____

Phone Number _____ Fax Number _____

Contact Person/ Title _____

Company Background (please check) Individual Sole Proprietorship Partnership Corporation
dba or incorporation filed in what City, State? _____

Year business was established _____

Federal ID or Social Security Number _____ Resale Number _____

If subsidiary, name of Parent Company _____

Principals of the Company

1) Name _____ Title _____

Phone _____ Social Security Number _____

Home Address (no PO boxes) _____

2) Name _____ Title _____

Phone _____ Social Security Number _____

Home Address (no PO boxes) _____

Trade References Please furnish information of 3 companies from whom you purchase or rent.

1) Company _____ Contact _____

Address _____

Phone _____ Fax _____ Acct. # _____

2) Company _____ Contact _____

Address _____

Phone _____ Fax _____ Acct. # _____

3) Company _____ Contact _____

Address _____

Phone _____ Fax _____ Acct. # _____

Banking

1) Bank Name _____ Branch _____

Address _____ Phone _____

Checking Account # _____ Other Accounts (specify) _____

2) Bank Name _____ Branch _____

Address _____ Phone _____

Checking Account # _____ Other Accounts (specify) _____

Other Individual Authorized to Order or Receive Equipment Written PO required? Yes No

Personal Guarantee

Must Be Signed by a principal of the applicant Company if said Company is less than one year old.

I, _____, residing at _____
for and in consideration of your extending credit at my request to the above named Company, hereby personally guarantee to you full payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company.

Signature _____ Title _____
Print Name _____ Date _____
Social Security Number _____ - _____ - _____

Authorized Signature

I certify that all the information on this form is correct. I understand that Open Account credit terms are Net 10 or Net 30. Interest and/or late fees will be charged to past due accounts.

Rental clients must provide a security deposit or **CERTIFICATE OF INSURANCE** naming “**Trew Audio, Inc.**” as **LOSS PAYEE** at full replacement value of equipment.

Proper operation and knowledge of the equipment is the responsibility of the renter. Trew Audio, Inc. is not responsible for failure of the equipment due to operator error or unfamiliarity of operation or technique.

I hereby consent and authorize Trew Audio, Inc., its principals, agents, or assigns to conduct an investigation into my credit background as the deem necessary to assist them in their decision to entrust me with their property of value or to extend credit to me. I understand that information from credit reporting agencies will be used in this effort and I consent to such information being released to the above named. I understand that in the event that credit is denied, I have the right to request in writing a copy of my credit report from the credit agency.

Company Name _____ Date _____
By (signature) _____ Title _____
By (print clearly) _____

Authorization to Charge Credit Card

If credit card is being used as security deposit, payment guarantee, or payment of invoice.

I do hereby authorize Trew Audio, Inc. to charge against my credit card any payments up to the amount of \$_____ which are due resulting from regular business transactions including equipment rental, purchases, charges for missing or damaged rental equipment, and insurance deductibles not paid by my insurance company. I understand that these charges will be processed either upon my direct instruction to do so (example, to pay an invoice for rental and/or purchases), or that charges may be automatically processed in the event of above applicant Company’s failure to remit payment within terms specified on invoice.

Credit Card Account# _____ Expiration _____ CCV2 Code _____
Name of Cardholder (print) _____
Signature of Cardholder _____ Today’s date _____

FOR OFFICE USE: Authorization Number _____ **Date** _____
Associate _____ *Amount Authorized* _____