



SOUND EQUIPMENT SALES, RENTALS & SERVICE FOR FILM & VIDEO PRODUCTION

**3823 Henning Drive, Suite 107. Burnaby, B.C. V5C 6P3**  
**In Vancouver 604-299-9122**  
**Toll Free 877-333-9122**  
**Fax 604-299-9127**

**Application for Equipment Rental and/or Account Terms**

Firm Name

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Billing Address

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Street/ Shipping Address (no PO boxes)

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Phone Number ( )

Fax Number ( )

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Contact Person/Title

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**Company Background**

Individual  Sole Proprietorship  Partnership  Corporation dba or incorporation filed in  
what City, Province?

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Year business was established

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Business Number or Social Insurance Number

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Resale Number

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If subsidiary, name of Parent Company

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***Principals of the Company***

1) Name

Title

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Phone

Social Security Number

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Home Address (no PO boxes)

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2) Name

Title

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Phone

Social Security Number

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Home Address (no PO boxes)

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**Trade References**

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

1) Company

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Contact

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Address

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Phone Acct. #

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Notes

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2) Company

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Contact

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Address

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Phone Acct. #

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Notes

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3) Company

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Contact

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Address

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Phone Acct. #

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Notes

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**Banking**

1) Bank Name

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Branch

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Address

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Phone

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Checking Account # \_\_\_\_\_

Other Accounts (specify) \_\_\_\_\_

2) Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Checking Account # \_\_\_\_\_

Other Accounts (specify) \_\_\_\_\_

**Other Individual Authorized to Order or Receive Equipment**

Name \_\_\_\_\_ Title \_\_\_\_\_

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 Insurance 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" as **LOSS PAYEE** at full replacement value of equipment. Proper operation and knowledge of the equipment is the responsibility of the renter. Trew Audio Canada 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 Canada, 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

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Date

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By(signature)

Title

By (print clearly)

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**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 Canada 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#

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Expiration (in MM/DD)

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Name of Cardholder (print)

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Signature of Cardholder

Today's date

**FOR OFFICE USE: Authorization Number#**

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**Date**

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**Associate**

**Amount Authorized**

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