



PARALLEL RENTALS INC.



www.parallelrentals.com

CREDIT APPLICATION

In order for us to extend credit to you, we require the following information for our data base. Please answer all points as completely and accurately as possible. Type or print responses so this document can be faxed back to us at:

(604) 436-1461. Thank you.

DATE: _____

LOCAL COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROV.: _____ P.O. CODE: _____

PHONE NUMBER: _(____)_____ FAX NUMBER: _(____)_____

CONTACT PERSON: _____ POSITION: _____

PROD. MANAGER: _____ CELL NUMBER: _(____)_____

LOCATION MGR.: _____ CELL NUMBER: _(____)_____

Other info.: _____

MOTHER COMPANY NAME: _____

ADDRESS: _____

CITY: _____ PROV./STATE: _____ P.O./ZIP CODE: _____

PHONE NUMBER: _(____)_____ FAX NUMBER: _(____)_____

CONTACT PERSON: _____ POSITION: _____

INVOICE TO BE ADDRESSED TO: Local company Mother Company

Other invoicing instructions: _____

TYPE OF PROJECT: Feature Mini-Series M.O.W. Pilot Series

Documentary Industrial T.V. Commercial P.S.A.

Other: (specify) _____

PROJECT NAME: _____ JOB #: _____

SHOOT DATES: From: _____ To: _____

WORK WEEK: 5 day 6 day Mon. → Fri. (Sat.) Other: (specify) _____

SHOOT LOCATION: Lower Mainland Other: (specify) _____

INSURANCE:

If you are renting our equipment valued at \$500.00 or more; you must, in advance of the rental, supply us with an INSURANCE CERTIFICATE evidencing coverage for Miscellaneous Non-owned Equipment extending past the anticipated period of the rental. Parallel Rentals Inc. (PRI) must be indicated as an Additional Insured and made the LOSS PAYEE for any type of occurrence up to the full replacement value of the equipment. Said values will be supplied upon request of the insurance company. In lieu of Insurance coverage, a damage deposit via cash, certified cheque or credit card for the full replacement value of the equipment (or other agreed upon amount) will be accepted. PRI will supply appropriate receipt(s) for deposits.