

Company _____ Phone (____) _____ - _____

Fax (____) _____ - _____

Accounting Contact _____ Title _____

Phone (____) _____ - _____ Fax (____) _____ - _____ E-mail _____

(1) Billing Address _____

City, State, Zip _____

(2) Shipping Address _____

City, State, Zip _____

Corporation _____ Partnership _____ Proprietorship _____ Years in Business _____

Federal ID# _____ - _____ SS# _____ - _____ - _____ Resale # Yes No *

Type of Business _____

Parent Company _____ Address _____

*All Sales Are Considered Taxable Unless The Pro HD Rentals Resale Card Is Complete, Signed & Returned

Bank _____ Phone (____) _____ - _____

Contact _____ Acct # _____

We expect our monthly credit requirements from you to be about \$ _____ Fax (____) _____ - _____

Trade References (UNSECURED ONLY)

Office Use Only

(1) Company _____

Address _____

City/Zip _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Opened _____ Fax# _____

High _____ Terms _____

Balance _____ Past Due _____

Trend _____

(2) Company _____

Address _____

City/Zip _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Opened _____ Fax# _____

High _____ Terms _____

Balance _____ Past Due _____

Trend _____

(3) Company _____

Address _____

City/Zip _____

Phone (____) _____ - _____

Fax (____) _____ - _____

Opened _____ Fax# _____

High _____ Terms _____

Balance _____ Past Due _____

Trend _____

The above named firm hereby makes applications for credit and provides the information contained herein for the purpose of inducing Pro HD Rentals to make sales of goods to it on credit. In consideration thereof, it is agreed and understood that (1) the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make a binding agreement on its behalf; (2) applicant authorizes its creditors, bank and financial institutions to release credit, banking and financial data to Pro Hd; (3) a finance charge of 1.5% per month will be applied to all past due invoices and (4) should any account be placed for collection, applicant agrees to pay reasonable attorney fees and/or court and collection costs. It is further agreed that California courts shall have exclusive jurisdiction to litigate any dispute between applicant and Pro HD and any and all litigation shall be instituted and litigated in the courts of Burbank, state of California, at the sole discretion of Pro HD. Applicant waivers any right to a change of venue or change of jurisdiction and hereby submits to and acknowledges the jurisdiction of any such court, state or federal, as provided herein. I certify the information contained in the credit application is true and correct and give my permission for investigation of the information provided for the purpose of establishing credit.

DATE _____ NAME & TITLE (PLEASE PRINT) (OFFICER, PARTNER OR OWNER) _____ AUTHORIZED SIGNATURE _____