



Cinequipt, Inc.
2601 - 49th Ave N, Suite 500 • Minneapolis, MN 55430
(612) 627-9080 • Fax (612) 627-9789

CREDIT APPLICATION, Page 1 of 2
(please print clearly)

FOR THE PURPOSES OF OBTAINING CREDIT OR RENTING FROM CINEQUIPT, I WE MAKE THE FOLLOWING STATEMENT

Exact Name _____ Division _____
Billing Address _____
City _____ State _____ Zip _____
Telephone (____) _____ Fax (____) _____
Web Site Address _____
Shipping Address _____
City _____ State _____ Zip _____
Telephone (____) _____ Fax (____) _____

GENERAL BUSINESS INFORMATION

Type of Business _____ Are you Sales and/or Use Tax Exempt?
 DBA Individual Partnership Corporation NO YES (please send us an exemption form)
Years in Business _____ Year of Inc. _____ State of Inc. _____ Do you require Purchase Orders?
Federal ID No. _____ NO YES

PRINCIPALS, OFFICERS, PARTNERS, OR OWNERS

Name _____ Title _____
Home Address _____ E-mail _____
City _____ State _____ Zip _____ Phone (____) _____
Name _____ Title _____
Home Address _____ E-mail _____
City _____ State _____ Zip _____ Phone (____) _____
Name _____ Title _____
Home Address _____ E-mail _____
City _____ State _____ Zip _____ Phone (____) _____

COMMERCIAL REFERENCES

LIST ONLY NAMES OF THOSE WITH WHOM YOU DO BUSINESS ON AN OPEN ACCOUNT. DO NOT USE LABS OR KODAK. FAX NUMBERS A MUST!

Name _____ Phone (____) _____
Address _____ Fax (____) _____
Name _____ Phone (____) _____
Address _____ Fax (____) _____
Name _____ Phone (____) _____
Address _____ Fax (____) _____
Name _____ Phone (____) _____
Address _____ Fax (____) _____

CREDIT APPLICATION, Page 2 of 2
(please print clearly)

BANK REFERENCE

Name	Branch Address	Acct. No.	Phone
_____	_____	_____	<input type="checkbox"/> CKG <input type="checkbox"/> SVG _____
_____	_____	_____	<input type="checkbox"/> CKG <input type="checkbox"/> SVG _____
_____	_____	_____	<input type="checkbox"/> CKG <input type="checkbox"/> SVG _____

INSURANCE

General Liability, Auto Liability, and Rental Eq. Carrier _____ Policy No. _____
 Completion Bond Carrier _____ Policy No. _____

Please have your agent contact us to for the specifics of our insurance requirements.

GUARANTY

In order to induce Lessor to extend credit pursuant to the forgoing agreement, and in consideration thereof, and for good and valuable consideration, receipt whereof is hereby acknowledged, the undersigned jointly and severally guarantees due payment of all monies to be paid, and the performance of all things done pursuant to each and every agreement, condition, and covenant contained in said agreement or in any supplement or amendment thereto, or in any instrument given pursuant thereof, as well as due payment of all other obligations which said (Customer Name) _____ at any time may owe to Lessor. This guarantee shall not be impaired by any modification to which the parties to said agreement hereafter agree, or by any modification, release, or other alteration of any of the obligations hereby guaranteed, or of any security thereof, to all of which the undersigned, as Guarantors, is direct and unconditional, and may be enforced without requiring Lessor to resort to any other right, remedy, or security. If suit is necessary to enforce this guarantee, the undersigned promises to pay an additional sum, as reasonable attorney fees.

GUARANTOR SIGNATURE: _____

ADDRESS: _____

GUARANTOR SIGNATURE: _____

ADDRESS: _____

SIGNATORIES

Customer hereby warrants that the representation herein made are true and correct and that they are made for the purpose of extending credit to the undersigned, and that Customer has read and understood the terms and conditions of the rental contract and that all work performed or services rendered for the account of Customer shall be governed by the aforementioned terms and conditions. Cinequipt, Inc., hereafter called Lessor, is authorized to obtain such information as may be required concerning the statements contained in the application and Customer agrees that the application shall remain the property of Lessor whether or not credit is granted.

BUSINESS NAME _____

PRINT NAME OF AUTHORIZED AGENT _____

SIGNATURE _____ DATED _____

TITLE _____