



Mailing Address
1284 Soldiers Field Road
Boston, MA 02135

Drop-offs and Pick-ups
395 Western Avenue
Boston, MA 02135

617-277-2200
617-277-6800
www.rule.com

ACCOUNT APPLICATION II

Date:
Company or individual's name:
Street address:
City: State: Zip:
Shipping or billing address (if different):
City: State: Zip:
Main contact:
Others authorized to place orders:
Driver's license #(s) and issuing state(s) for all contacts:

Work or home phone: Fax: Cell:
Phone/fax/cell for other contacts:
E-mail address(es) and URL:

Please circle YES / NO if interested in receiving e-mail updates on new equipment or services from Rule Boston Camera. E-mail addresses are not sold or used by anyone other than Rule Boston Camera.

PLEASE CHECK ONE: Proprietorship Partnership Corporation Other

Federal TIN: Please circle YES / NO if purchase orders are required.

Nature of your business (e.g., ad agency, production house): Date started:

Names of principal officers, general partners and/or owners:

Name: Title:

Name: Title:

Name: Title:

Accounts payable contact:

REFERENCES

ALL APPLICANTS MUST PROVIDE REFERENCES. INCOMPLETE INFORMATION WILL DELAY THE PROCESSING OF YOUR APPLICATION.

Please provide credit references if applying for a Net 30 account. A credit reference is someone who invoices you. Please provide professional references for a COD account. A professional reference is someone who knows you, preferably in a related field of business.

Name: CIRCLE ONE: CREDIT PROFESSIONAL
Address: City/State/Zip:
Cell: Other: Fax: E-mail:

Name: CIRCLE ONE: CREDIT PROFESSIONAL
Address: City/State/Zip:
Cell: Other: Fax: E-mail:

Name: CIRCLE ONE: CREDIT PROFESSIONAL
Address: City/State/Zip:
Cell: Other: Fax: E-mail:

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The preceding information is for the purpose of establishing an account and/or credit terms with Rule Boston Camera and is warranted to be true.

I/we authorize the firm to whom this application is made to investigate the references listed as pertaining to my/our credit and financial responsibility.

Signature: _____

Print: _____ Title: _____

Date: _____

IMPORTANT INFORMATION

All first-time customers pay in full upon pick-up of equipment. We accept cash, money order, traveler's checks, personal or company checks with identification, MasterCard, Visa, Discover and American Express. Valid photo ID is required for release of equipment.

An insurance waiver charge of 10% of the rental cost with a \$2500 deductible will be added to all rentals unless we receive a valid Certificate of Insurance before the release of equipment. The certificate must state that the renter is providing All Risk Coverage greater than or equal to the Replacement Cost of all equipment rented from Rule Boston Camera and names Rule Broadcast Systems, Inc. as Loss Payee and Additional Insured. Equipment traveling outside the US requires Worldwide Coverage.

Customers may be subject to a security deposit of \$2,500.

If applicable, please submit a Massachusetts Sales Tax Resale Certificate or Massachusetts Certificate of Exemption.

FOR INTERNAL USE ONLY

Credit Status: _____ Date: _____ By: _____