



320 Nevada Street
First Floor
Newton, MA 02460
617-277-2200
617-277-6800
1.800.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 (Phone AND E-mail): _____

CREDIT 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 and you have an established business relationship with.

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ 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: _____