



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

NEW CUSTOMER INFO SHEET
(please print clearly)

FOR THE PURPOSES OF RENTING FROM CINEQUIPT, I MAKE THE FOLLOWING STATEMENT

Business Name _____

Your Name _____

Additional Contacts _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Cell (_____) _____ Web Site _____

Email Address _____

Shipping Address (if different) _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Are you Sales and/or Use Tax Exempt? [] NO [] YES

(We need your exemption certificate on file. You are only exempt from MN Sales Taxes on rentals if you are producing a television commercial.)

Do you have Rental Insurance? [] NO [] YES

(An approved insurance certificate must be on file with us before your rental to avoid an "Uninsured Fee".)

Credit Card Bill to Name _____

Credit Card Bill to Address _____

City _____ State _____ Zip _____

Credit Card Number _____ Expiration Date ____ / ____ / ____

Credit Card Type [] VISA [] MC [] DC [] AMEX Card Control Number _____

Signature & Date _____

I understand that a collateral deposit may be made on the credit card presented above during the rental event to guarantee the equipment is returned in the condition it was received and to guarantee payment for any damage, repairs, replacement, or rental fees. The deposit will be released once the equipment has been satisfactorily returned to Cinequipt, Inc. I also agree that any dispute related to credit card debt be governed by Cinequipt, Inc.'s Terms & Conditions listed on the back of the Rental Contract.

For Internal Use Only
Revised 1/15/2010

Entered in: [] MAS90 [] ACT

New Customer Number _____