



Budget Video Rentals
1825 NE 149 Street Miami, Florida 33181
Tel 305.945.8888 Fax 305.945.0300

NEW CUSTOMER FORM

Please complete all sections, **sign, and fax** this application back to Budget Video Rentals.

Date: _____
Company Name: _____ Contact Name: _____
Physical Address: (no P.O. Boxes) _____
City: _____ State: _____ Country: _____ Zip: _____
Phone: _____ Fax: _____ Mobile: _____
Billing Address: _____
City: _____ State: _____ Country: _____ Zip: _____
E-mail Address: _____

(E-mail addresses are never sold or shared and are only used by Budget Video Rentals)

Please check one: Proprietorship Partnership Corporation LLC Other
Parent Company: _____ Location: _____
Federal Tax ID: (FEIN) _____
Type of Business: _____ Date Started: _____
Full Name of Owner or Authorized Officer: _____
Driver's License Number: _____ State: _____ SSN: _____

ALL APPLICANTS MUST PROVIDE REFERENCES.

Provide references for a Cash And Carry account. A professional reference is a company or person who you do business with, preferably one in which you have established credit or someone you have worked with in this industry.

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

The preceding information is for the purpose of renting equipment from Budget Video Rentals and is warranted to be true. I / We authorize the firm to whom this application is made to contact the references listed pertaining to my /our responsibility.

Signature: _____ Date: _____
Print Name: _____ Title: _____

We accept cash, money order, traveler's checks, MasterCard, Visa, American Express, Diner's Club, Discover, and PayPal.

SAMPLE INSURANCE CERTIFICATE

A damage waiver fee of 15% of the rental cost with a small deductible will be added to all rentals until we receive a valid certificate of insurance before the release of equipment. The certificate must stipulate that the renter is providing All Risk coverage greater than or equal to the Replacement Cost of all equipment rented from Budget Video Rentals, and the Certificate names Budget Video Rentals as Additionally Insured and Loss Payee. Equipment traveling outside the US requires Worldwide Coverage.

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID L# SUPER-8	DATE (MM/DD/YYYY) 01/01/2008		
PRODUCER YOUR AGENT / BROKER'S NAME AND ADDRESS GOES HERE		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW			
INSURED YOUR COMPANY NAME AND ADDRESS GOES HERE		INSURERS AFFORDING COVERAGE INSURER A: NAME OF INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #		
COVERAGES					
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSEK/DOFC/LTR/INSRCD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC	Policy#123456789	01/01/2008	01/01/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Policy#123456789 AUTO PHYSICAL DAMAGE \$125,000 LIMT P/VEHICLE \$2,500 MIN/\$5,000 MAX	01/01/2008	01/01/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESSUMBIRE/RECK LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				\$ \$ \$ \$ \$ \$ \$
A	Miscellaneous Rented Equipment	Policy#123456789	01/01/2008	01/01/2009	Limit: \$250,000 Ded: \$2,500
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Certificate Holder is named as an <u>Additional Insured and Loss Payee</u> as their interests may appear.					
We must be named as this					
CERTIFICATE HOLDER Budget Video Rentals 1825 NE 149 Street Miami, FL 33181			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ISSUE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: <i>[Signature]</i>		