



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

NEW CUSTOMER FORM FOR INDIVIDUALS

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

Your Full Name: _____ Budget Rental Agent: _____

If you've already spoken with an agent at Budget Video, enter their name in the "Rental Agent" field.

Approximate value of equipment to be rented: (circle one)

Less than \$1000 \$1000 to \$2500 \$2500 to \$10000 \$10000 to \$25000 \$25000 or more

PART 1 of 3: Personal Information

DBA (if applicable): _____

Phone: _____ Fax: _____ Mobile: _____

at least one phone number is required

Permanent Address: (no P.O. Boxes) _____

City: _____ State: _____ Zip: _____ Country: _____

Billing Address: (if different) _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

(Email addresses are never sold or shared and are only used by Budget Video Rentals)

Web Site: _____

Please check one: Individual Partnership

Current Employer: _____ Your Position: _____

Years at this job: _____ Employer Phone: _____

Driver's License Number: _____ State: _____

Issue Date: _____ Expiration Date: _____

Date of Birth: _____ Social Security Number: _____

Where else have you rented equipment?(List company, telephone number, and date)

PART 2 of 3: Professional References

All applicants must 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.

1. Full Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

2. Full Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

3. Full Name: _____
Address: _____
City/State/Zip: _____
Phone: _____ Fax: _____ Email: _____

PART 3 of 3: Bank Reference

Name of Bank: _____ Bank Contact Name: _____
Branch Location: _____
Bank Phone: _____ Fax: _____
Account Number: _____

All information entered on this form is warranted to be true and is for the purpose of establishing an account at Budget Video Rentals. I authorize Budget Video Rentals to contact my references and verify the information in all fields.

Signature: _____ Date: _____

Print Name: _____

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 LH 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.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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 POLICY <input type="checkbox"/> PRO- JECT <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 - COMP/OP 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	01/01/2008	01/01/2009	COABINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LI <input type="checkbox"/> ANY A				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA 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				\$ \$ \$ \$ E.L. DISEASE - POLICY LIM \$
A	Miscellaneous Rented Equipment	Policy#123456789	01/01/2008	01/01/2009	Limit: \$250,000 Ded: \$2,500

This section required only if using Grip or Video Truck

This section is Essential

Greater or Equal to Replacement Cost of All Rental Equipment

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is named as an Additional Insured and Loss Payee 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>
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