

# BECINE

5890 BLACKWELDER STREET. CULVER CITY, CA 90232  
(323) 403-5400 —RENTALS@BECINE.COM

## NEW CLIENT CREDIT ACCOUNT APPLICATION

PLEASE FILL OUT ALL BELOW FORMS AND  
SEND TO RENTALS@BECINE.COM FOR APPROVAL.

1.

### ACCOUNT APPLICATION FORM

2.

### CERTIFICATE OF INSURANCE

Naming **BECINE** as additional Insured and loss  
payee. - more info about certificate requirements  
under Insurance Requirements.

3.

### RENTAL AGREEMENT SIGNED

4.

### CREDIT CARD AUTHORIZATION FORM

Please note the first job is always C.O.D. A certified check  
or credit card is required upon equipment pickup.  
The account remains C.O.D. until the credit application  
and its review is completed to **BECINE's** satisfaction.

If you have any questions or need further information,  
please do not hesitate to contact us.

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## CREDIT ACCOUNT APPLICATION FORM

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LEGAL NAME:

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STREET ADDRESS:

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CITY:

STATE:

ZIP:

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PH#

FX#

HOW LONG AT ADDRESS?

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KEY CONTACT (i.e. corporate officers / partners / owners):

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ENTITY (SELECT ONE):

C-CORP

S-CORP

PARTNERSHIP

SOLE PROPRIETORSHIP

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FEDERAL TAX ID #

STATE OF INCORPORATION

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### \*\*BANKING REFERENCE

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NAME:

ACCOUNT #:

---

STREET ADDRESS:

---

CITY:

STATE:

ZIP:

---

PH#

FX#

HOW LONG AT ADDRESS?

---

DATE ACCOUNT OPENED:

OFFICER:

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**\*\*TRADE REFERENCES:  
(AT LEAST 2, INDUSTRY RELATED)**

(1)

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<b>NAME:</b>	<b>PH#</b>	<b>FX#</b>
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**STREET ADDRESS:**

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<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
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<b>CONTACT:</b>	<b>ACCOUNT #:</b>
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(2)

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<b>NAME:</b>	<b>PH#</b>	<b>FX#</b>
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**STREET ADDRESS:**

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<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
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<b>CONTACT:</b>	<b>ACCOUNT #:</b>
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## AUTHORIZATION TO RELEASE CREDIT INFORMATION

TO WHOM IT MAY CONCERN:

BECINE IS HEREBY AUTHORIZED TO REQUEST ALL NECESSARY CREDIT INFORMATION FROM THE REFERENCES GIVEN ON THE ATTACHED CREDIT APPLICATION AND AGREEMENT, TO ASSIST IN THEIR EXTENSION OF CREDIT TO THE UNDERSIGNED.

THE SAID PERSONS, BANK, AND/OR COMPANIES ARE HEREBY REQUESTED AND DIRECTED TO RELEASE SUCH INFORMATION TO BECINE UPON REQUEST.

IN THE EVENT THAT YOU RECEIVE A PHOTOCOPY OF THIS AUTHORIZATION, IT SHOULD BE TREATED AS AN ORIGINAL AND THE REQUESTED INFORMATION SHOULD BE RELEASED.

BECINE WILL DETERMINE IF THE ACCOUNT WILL BE NET 10, NET 15 OR NET 30 DEPENDING UPON REVIEW.

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SIGNATURE

DATE