

## ACCOUNT OPENING REQUEST

PLEASE FILL OUT THIS FORM IN CAPITAL LETTERS

<b>Business Information</b>		
Legal Company Name :	Phone:	
	Fax:	
Address :		
City :	Province :	Postal Code :
Person in charge of the accounts payables:		
Email:		
Type of production: <input type="checkbox"/> FILM <input type="checkbox"/> MAGAZINE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OTHER: _____		
<b>Ownership</b>		
Type of business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole owner		Years in business:
Name:	Position:	% of Ownership:
Home Address:		
Name:	Position:	% of Ownership:
Home Address:		
<b>Have you operated under any other company name(s) in the past 5 years?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
If so, please provide the company name(s):		
<b>Banking Information</b>		
Bank :	Tel :	
Address :	Account # :	

Commercial Credit References	
1) Name: Address:	Tel :
2) Name: Address:	Tel :
3) Name: Address:	Tel :

Do you issue purchase orders?
<input type="checkbox"/> No <input type="checkbox"/> Yes  <i>If yes, please take note that no equipment will be released until Dazmo Camera receives a copy of your purchase order by fax or email.</i>

I, the undersigned, certify that all the information supplied on this Account Opening Request is factual and true and authorize Video MTL and Video Assist to contact any parties referenced herein for the purpose of processing this Account Opening Request. I understand that Video MTL and Video Assist reserves the right to extend credit terms of Net 30 days to qualified clients based on the information and references provided in this application.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**PLEASE NOTE THAT ALL NEW CLIENTS MUST PAY C.O.D. FOR THE FIRST RENTAL**

FOR INTERNAL USE ONLY	
CLIENT #: _____	APPROVED BY: _____
AUTHORIZED CREDIT LIMIT: _____	DATE: _____