



NEW CLIENT APPLICATION FORM – GEARHOUSE BROADCAST, LLC

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Tel (____) _____ Fax (____) _____

Mailing Address (if different) _____

Web Address _____

Year Established _____ Corporation __ Partnership __ LLC __ Other _____

Incorporated under laws of what state? _____ Year Incorporated _____

Business Type: Broadcaster __ Production Company __ Post/Edit __ Staging A/V __

Other _____

Proprietary/Partnership Soc. Sec # _____ DL# _____ State _____

Name of President/COO _____ Address/City/State _____

Name of Vice President _____ Address/City/State _____

Name of Controller _____ Address/City/State _____

Sales/Rental Contact _____ email _____

Accounting Contact _____ email _____

Do you use Purchase Orders? Yes __ No __ Credit Limit required \$ _____

TRADE REFERENCES IN THIS INDUSTRY

(Please provide details of at least three broadcast rental equipment vendors)

1. Company _____ Website _____
Address _____ City _____ State _____ Zip _____
Tel () _____ Fax () _____ Contact: _____

2. Name: _____ email: _____
Address _____ City _____ State _____ Zip _____
Phone No. () _____ Fax No. () _____ Contact: _____

3. Name: _____ email: _____
Address _____ City _____ State _____ Zip _____
Phone No. () _____ Fax No. () _____ Contact: _____



4. Name: _____ email: _____
Address _____ City _____ State _____ Zip _____
Phone No. () _____ Fax No. () _____ Contact: _____

BANK REFERENCES

Name of Bank: _____
Branch Location: _____
Address: _____
Bank Phone No: () _____ Fax No. () _____
Contact Name: _____
Checking Acc # _____
Savings Acc # _____

AUTHORIZATION TO RELEASE BANK INFORMATION

To Whom It May Concern:

Please release any and all information on my accounts to Gearhouse Broadcast, LLC

Photocopies of this authorization may be made to facilitate multiple enquiries.
In the event that you receive a photocopy, it should be treated as an original and the information released.

Authorized Signature: _____ Date: _____

INSURANCE INFORMATION

RECEIPT OF A CURRENT, VALID CERTIFICATE OF INSURANCE, covering miscellaneous rented equipment and naming Gearhouse Broadcast, LLC as "Additional Insured" and "Loss Payee", is necessary prior to release of any equipment and is required in respect of any and all Rentals.

Insurance Provider _____
Address _____
Tel () _____ Fax () _____
Contact _____ email _____

By signing this application, I/We have read and agreed to the Rental Agreement set forth by Gearhouse Broadcast, LLC

Signed: _____

Date: _____