



AUDIO RENTS, INC.

APPLICATION FOR RENTAL

Individual/Company Name		Client ID [Office Only]	
Address (Line 1)			
Address (Line 2)		City	State
Phone	How did you hear about us?		
- -			
Email		<input type="checkbox"/> Yes, I want to receive emails Include me in monthly New Letters and Promotions. (We will not release your personal information.)	
Driver's License #	Reservation # or (Equipment reserved)	Fed Ex Account # (Business only)	

BUSINESS REFERENCE

Company Name & Contact	Email	Phone
		- -
Company Name & Contact	Email	Phone
		- -

CREDIT CARD INFORMATION

Credit Card # (Visa/MC/Amex/Discover)	Exp. Date	V Code	Billing Zip Code
	/		
Name on Card	Business Name (If applicable)		

The above listed applicant declares that all statements made are true and complete. Applicant authorizes Audio Rents to verify all information. All rentals are subject to approval by our credit department.

By signing below, as the credit card holder, I authorize Audio Rents to charge my credit card for the full, current, retail amount of the rental items if they are not returned and/or for damage that occurred to the items while in my possession. Furthermore, applicant authorizes late fees and additional day rates to be charged if gear returns later than original contract dates.

Signature	Date
	/ /