

WNY GRIP & LIGHTING RENTAL APPLICATION



PERSONAL INFORMATION

First Name:

Middle Initial:

Last Name:

Date of Birth:

Work Phone Number:

Cell Phone Number:

Home Phone Number:

Email Address:

CREDIT CARD (Must be same as applicant. All information will be kept secured and safe.)

*Card #:

Expiration Date:

Billing Zip Code:

DRIVERS LICENSE

Drivers License #:

State of Issue:

Expiration Date:

CURRENT ADDRESS

Street Address:

City, State, Zip:

RENTAL HISTORY

Are you a previous customer? YES NO

Account Info: INDIVIDUAL COMPANY

Do you carry production insurance? YES NO

*If YES, Complete the area below.

Insurance Company:

Policy Number:

Phone Number:

Deductible Amount:

PERSONAL OR BUSINESS REFERENCE 1

Name:

Phone Number:

Street Address:

City, State, Zip:

How Related:

PERSONAL OR BUSINESS REFERENCE 2

Name:

Phone Number:

Street Address:

City, State, Zip:

How Related:

* I understand that additional charges incurred due to expendable use, lost, damaged, or stolen assets, or extra rental will be charged to my credit card. I hereby authorize WNY Grip & Lighting to charge my credit card for any additional billing.

PLEASE SIGN BELOW

(Must be signed by cardholder)

* FOR THE PURPOSES OF RENTING ASSETS FROM WNY GRIP & LIGHTING, THE ABOVE INFORMATION CAN BE RELIED UPON AS COMPLETE, ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:

PRINT NAME:

DATE:



W N Y G R I P & L I G H T I N G