



**Lighting & Production Equipment, Inc.**

590 Travis Street  
Atlanta, GA 30318  
(404) 352-0464 Voice  
(800) 275-3721  
(404) 351-4399 Fax

**NEW ACCOUNT APPLICATION**

*Please complete these forms, sign and fax back to 404-351-4399*

**Company Information**

Legal Name: _____	Tel No.: _____
D/b/a: _____	Fax No.: _____
Street Address: _____	Cell No.: _____
City, State, Zip: _____	Website address: _____
Billing address: _____	Resale No.: _____
City, State, Zip: _____	<b>Please Provide Copy of Resale Certificate</b>
Type of Business: _____	No. of Employees: _____

**Principals**

Name: _____	Home Address: _____
SSN: _____	_____
Name: _____	Home Address: _____
SSN: _____	_____
Name: _____	Home Address: _____

Type of Ownership: Sole Proprietorship    Partnership    LLC     Corporation

State of Incorporation \_\_\_\_\_ SS#/TIN: \_\_\_\_\_

No. Years in Business: \_\_\_\_\_

Ever Filed for Bankruptcy? \_\_\_\_\_ Disposition: \_\_\_\_\_

Insurance Company (Rental/Production): \_\_\_\_\_

Tel No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Authorized Buyers**

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Do you require P.O.'s? \_\_\_\_\_ Representative: \_\_\_\_\_

How did you hear about us?

Yellow Pages       Resource Guide       Internet       Referral

Referred by: \_\_\_\_\_

**Bank Information**

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Branch: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Acct. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Branch: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Acct. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Trade References: Fax numbers must be included to process credit applications**

Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Note: Insurance Certificate Required with Lighting & Production Equipment, Inc. named as additional insured and loss payee with respect to miscellaneous rented equipment as their interests may appear.**

*Most financial institutions, as well as other businesses require a signature prior to releasing any financial information. By signing this form, I/we hereby authorize the release of any and all credit information to be released to Lighting & Production Equipment, Inc..*

*In consideration of the extension of credit terms, the undersigned severally and/or collectively personally guaranty the payment of all charges made by/or on behalf of the applicants, plus attorney fees, court and all other costs of collection should collection proceedings become necessary.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Rental Agent \_\_\_\_\_ Credit Limit \_\_\_\_\_  
Date \_\_\_\_\_ Approved By \_\_\_\_\_