



Credit Application

Westcoast Video Productions, Inc.
14141 Covello Street, Unit 9A, Van Nuys, CA 91405-1448
(818) 785-8033 • FAX (818) 785-8035 • mail@wvpinc.com

Trade Name of Business _____
Street Address _____
City, State, Zip Code _____
Accounts Payable Person _____
Phone Number _____ Fax _____
 Proprietor Partnership Corporation Other _____
What State Incorporated _____ Years Established _____
Federal tax ID # _____

INDIVIDUAL INFORMATION

Social Security # _____ Drivers License # _____
LIST BELOW THE NAME AND ADDRESSES OF THE INDIVIDUAL OWNER(S), PARTNERS, OFFICERS, OR PRINCIPALS.

Names	Addresses	Titles
_____	_____	_____
_____	_____	_____

Bank _____ Branch Location _____
Checking Account No. _____ Saving Acct No. _____
Phone # _____ Contact _____

TRADE REFERENCES

Company _____ Phone # _____ Fax # _____
Address _____ City _____ State _____ Zip _____

Company _____ Phone # _____ Fax # _____
Address _____ City _____ State _____ Zip _____

Company _____ Phone # _____ Fax # _____
Address _____ City _____ State _____ Zip _____

Do You Carry Equipment Insurance YES NO
Name of Insurance Company _____
Policy Number _____ Agent _____

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

You are hereby authorized to request all necessary credit information from the references given to assist in your extension of credit to the undersigned, the said persons and/or companies listed above are hereby authorized and directed to release such information to you upon request.

I agree to accept all terms and conditions contained in the Westcoast Video Productions Renters Agreement.

Signed by _____ Title _____

Interest of 1.5 % per month is charged on ALL OVERDUE ACCOUNTS.

Sample of Insurance Certificate for Liability and Rental Equipment Coverage

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 11/01/2001
PRODUCER FAX Very Best Insurance Agent 123 Main Street Anytown, CA 99999	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
INSURED Intelligent Policyholder 555 1st Street Anytown, CA 99999	INSURER A: Shifting Sands Mutual	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	123 456 789	11/01/2001	11/01/2002	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 1,000,000
					PRODUCTS - COMP/OP AGG	\$ 1,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A	AUTOMOBILE LIABILITY	123 456 789	11/01/2001	11/01/2002	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	GARAGE LIABILITY					
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$	
					OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
	EXCESS LIABILITY				EACH OCCURRENCE \$	
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$	
	<input type="checkbox"/> DEDUCTIBLE				\$	
	<input type="checkbox"/> RETENTION \$				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUS: <input type="checkbox"/> TORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT \$	
					E.L. DISEASE - EA EMPLOYEE \$	
					E.L. DISEASE - POLICY LIMIT \$	
A	OTHER Misc. Equip. Including Property of Others Loss of Use	123 456 789	11/01/2001	11/01/2002	\$350,000 - \$1,000 Deductible All Risk - Replacement Cost \$50,000 - 48 Hour Deductible	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Certificate holder is named as Additional Insured as respects General Liability and Automobile Liability and Loss Payee as respects Miscellaneous Equipment, and Loss of Use, rented/leased to the named insured.

CERTIFICATE HOLDER Westcoast Video Productions, Inc. 14141 Covello Street, Unit 9A Van Nuys, CA 91405-1448	ADDITIONAL INSURED; INSURER LETTER: CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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Credit Card Authorization

COMPLETE AND FAX TO: (818) 785-8035

The name on the credit card is _____ and I
represent that I am the cardholder of this

VISA MASTERCARD AMERICAN EXPRESS (check one)

credit card account # _____

which expires ____ / ____, and I authorize Westcoast Video Productions, Inc. to
charge \$ _____ to this account.

Billing Address: _____

Zip Code: _____

Card Code # _____

Signature of Cardholder

Please sign above, affix photocopy of driver's license below, and fax to Westcoast
Video Productions, Inc. at (818) 785-8035.

Westcoast Video Productions (WVP)
14141 Covello Street, Unit 9A, Van Nuys, CA 91405