

## ACCOUNT OPENING REQUEST

PLEASE FILL OUT THIS FORM IN CAPITAL LETTERS

Business Information		
Legal company name :		Tel :
		Fax :
Production Title:		
Broadcaster name:		
Address :		
City :	Province :	Postal code :
Person in charge of account payables :		
Email :		
Type of Production :      Film      Magazine      Commercial      Other		
Ownership		
Type of business :		Years in business :
Corporation      Partnership      Sole owner		
Name :	Position :	% of Ownership
Home address :		
Name :	Position :	% of Ownership
Home address :		
Have you operated under any other company name (s) in the past five (5) years?		
No      Yes		
If so, please provide the company name (s) :		

# GRANDE

CAMERA LIGHTING STUDIOS POST-PRODUCTION

## Banking Information

Bank :	Tel :
Address :	Account # :

## Commercial Credit References

1) Name : Address :	Tel : Email :
2) Name : Address :	Tel : Email :
3) Name : Address :	Tel : Email :

Do you issue purchase orders?                      No                      Yes

**If so, please note that no equipment will be released until *GRANDE CAMERA, GRANDE LIGHTING, GRANDE STUDIOS AND GRANDE POST-PRODUCTION* have received a copy of your purchase order by email.**

I, the undersigned, certify that all information supplied on this Account Opening Request is factual and true and authorize GRANDE CAMERA, GRANDE LIGHTING, GRANDE STUDIOS AND GRANDE POST-PRODUCTION to contact any parties referenced herein for the purpose of processing this Account Opening Request. I understand that GRANDE CAMERA, GRANDE LIGHTING, GRANDE STUDIOS AND GRANDE POST-PRODUCTION reserves the right to extend credit terms of Net 30 days to qualified clients based on the information and references provided in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE NOTE THAT ALL NEW CLIENTS MUST PAY C.O.D. FOR THE FIRST RENTAL

1475, rue Ottawa, Montreal (Quebec) H3C 1S9      Tel. : 514 933-5765  
221, Norseman St, Toronto (Ontario) M8Z 2R5      Tel. : 416.234.5557

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