

# GRANDE

CAMERA LIGHTING STUDIOS POST-PRODUCTION

## ACCOUNT RENEWAL REQUEST

PLEASE FILL OUT THIS FORM IN CAPITAL LETTERS

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

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

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221, Norseman St, Toronto (Ontario) M8Z 2R5, 416.234.5557