



Seattle Grip & Lighting Rental Application

1050 West Nickerson Street Seattle, WA 98119

206-285-0840 Fax: 206-285-9503



ACCOUNT INFORMATION* PLEASE CHECK ONE: INDIVIDUAL COMPANY

Account Name*	
Street Address	
City, State, Sip	
Phone # (1)	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Phone # (2)	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Email Address	Fax #

*ACCOUNT NAME MUST BE IDENTICAL TO THE INSURED NAME STATED ON INSURANCE CERT

CREDIT CARD INFORMATION

Type of Card	
Name on Card	
Credit Card #	EXP: / /20
Card Billing Address	

TO BE COMPLETED BY THE PERSON WHOSE NAME APPEARS ON THE ABOVE CREDIT CARD

Drivers License No	
State of Issue	EXP: / /20

DO YOU CARRY PRODUCTION INSURANCE? YES NO

If yes, please have an ACCORD certificate faxed to: 206-285-9503.

SGL can provide you with information regarding insurance coverage requirements

Insurance Company	Phone #
Policy Number	Deductible Amt:

PERSONAL OR BUSINESS REFERENCE 1

Name	Phone #
Address	
City, State, Zip	
How Related	

PERSONAL OR BUSINESS REFERENCE 2

Name	Phone #
Address	
City, State, Zip	
How Related	

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

SIGNATURE (must be signed by card holder)

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

SIGNATURE Print Name: DATE