



NEW ACCOUNT APPLICATION

APPLICANT INFORMATION

First name:		Last Name:	
Company:			Title
Billing address:			
City:	State:	ZIP Code:	
Cell number:	Company Phone:	Fax:	
Email address:			

ACCOUNT TYPE
(please put and X next to your preferred account type)

Account <u>WITH</u> Insurance - must provide a Certificate of Insurance naming Klasic Sound LLC as additionally insured.
Account <u>WITHOUT</u> Insurance- must provide security deposit equal to the replacement value of the equipment being rented. Checks will NOT be accepted as security deposit.

ADDITIONALLY AUTHORIZED SIGNERS

Name:		
Title	Cell number	Email Address
Name:		
Title	Cell number	Email Address

SIGNATURES

I authorize the verification of the information provided on this form	
Signature of applicant:	Date: