

302 OCEANSIDE BLVD. OCEANSIDE, CA 92054 | 760.309.2302 OFFICE PHONE

NEW ACCOUNT INFO. FORM

email to: SDRentals@OldSchoolCameras.com

GENERAL INFORMATION

Rental Agent:			_ Anticipated Rental Date(s):		
Contact Person:					
Company Name:					
DBA:					
Parent Company (if	applicable):				
Billing Address:					
			Fax:		
Email:					
			Partnership	Individual	
Do you require use of	of purchase orders o	r other refere	nces?		
Persons authorized t	o place orders:				
	CORPO	RTATION	NS & LLC's		
President:			Treasurer:		
Formed under the laws of which state?					
Federal ID #:					
	INDIVIDU	ALS & PA	RTNERSHIPS	•	
Employer's Name:			Position:		
Address:			Phone:		

