



A DIVISION OF

**APPLIED ACOUSTICAL SCIENCES, INC.**

7601 BRANDON WOODS BLVD. BALTIMORE, MD 21226  
VOICE: (410) 360-5006 TOLL FREE: 866-950-8343 FAX: (410) 360-5002  
WWW.EVENTTECH.COM

## **CREDIT ACCOUNT APPLICATION**

### COVER SHEET

**Date:**  
**To:**  
**Company:**  
**From:**  
**Pages:**

Thank you for your interest in establishing an account with Event Tech. Below outlines the application and insurance requirements. If you have any questions please call our Accounting Department at (410) 360-5006.

#### **Credit Account Application Instructions**

The Credit Account Application and Certificate of Resale Form must be completely filled out and signed by an officer of the company. Credit References, Bank References, and (if applicable) your state provided Exemption Certificate\* may be attached on a separate sheet. If you would like to keep a credit card on file, please complete the Credit Card Authorization Form.

#### Rental Customers

A Rental Agreement and the Credit Card Authorization form must be completely filled out and signed by an officer of the company. If at any time a credit card is used that does not bear the name of the company, a new Rental Agreement must be completed and signed by the card holder.

#### Production Customers

A separate credit card authorization must be completely filled out and signed by an officer of the company for each production contract if payment is to be made by credit card.

#### **Liability and Property Insurance Requirements**

- ◆ You, the Customer needs to be listed as Insured. The account must be opened under the same company name the Insurance is issued to.
- ◆ **Event Tech** must be listed as the **Certificate Holder**.
- ◆ Insurance coverage period must extend 3 months past the rental ending date.
- ◆ Insurance coverage must be for **Full Replacement Value** of the rental equipment.
- ◆ **Event Tech** must always be listed as **Additional Insured** and **Loss Payee**.
- ◆ The policy number, effective date, and date of expiration are needed on the insurance form.

A list of our complete insurance requirements can be located on the last page of the credit application.

Once completed, please return your Application Package directly to the Event Tech Accounting Department in the self-address stamped envelope provided. Forms include:

- ◆ Signed Credit Account Application
- ◆ Certificate of Insurance
- ◆ Resale Certificate Form or state provided Exemption Certificate (if applicable)
- ◆ Signed Credit Card Authorization Form (optional)
- ◆ Signed Rental Agreement (Rental Customers Only)

The credit approval process may take 5-10 business days.  
Thank you for your business.

\*Please note that 501 (c) Federal Exemption Certificates do not satisfy sales tax exemption requirements (see page 7 for more details).



# CREDIT ACCOUNT APPLICATION

Please complete these forms, sign, and fax back to (410) 360-5002.

## Company Information

Legal Name:	_____	Phone:	_____
D.B.A.:	_____	Fax:	_____
Street Address:	_____	E-Mail:	_____
City, State, Zip:	_____	Website:	_____
Billing Address:	_____	Resale:	_____
City, State, Zip:	_____	TIN:	_____
Nature of Business:	_____	D&B:	_____

Credit Line Requested: \_\_\_\_\_

Year Established: \_\_\_\_\_

Ever filed for bankruptcy? \_\_\_\_\_ Disposition: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Agent and Phone No.: \_\_\_\_\_

*Note: Insurance Certificate required with Event Tech named as additional insured and loss payee with respect to miscellaneous rented equipment.*

## Authorized Buyers

Name:	_____	Phone:	_____
Title:	_____	E-Mail:	_____
Name:	_____	Phone:	_____
Title:	_____	E-Mail:	_____
Name:	_____	Phone:	_____
Title:	_____	E-Mail:	_____

Do you require Purchase Orders? \_\_\_\_\_

How did you hear about us?

Trade Magazine \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Internet \_\_\_\_\_ Referred by: \_\_\_\_\_



**Principals**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Type of Ownership:

- Sole Proprietorship
- Partnership
- LLC
- Corporation (State of Incorporation? \_\_\_\_\_)

**Trade References**

*All listed references **must** be open and active accounts.  
 Fax numbers **must** be included to process credit application.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Contact: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Contact: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Contact: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Contact: \_\_\_\_\_



**Bank Information**

Bank: _____	Phone: _____
Branch: _____	Fax: _____
Contact: _____	Acct No: _____
Bank: _____	Phone: _____
Branch: _____	Fax: _____
Contact: _____	Acct No: _____

Most financial banking institutions, as well as other businesses require a signature prior to releasing any financial information. By signing this form, I/we hereby authorize the release of any and all credit information to Event Tech.

In consideration of the extension of credit terms, the undersigned personally guaranty the payment of all charges made by and/or on behalf of the applicants, plus attorney fees, court costs, and all other costs of collection should collection proceedings become necessary.

Authorized Signature: _____	Date: _____
Print Name: _____	Title: _____
Authorized Signature: _____	Date: _____
Print Name: _____	Title: _____

*For Event Tech Use Only*

Date:		Credit Limit:	
Terms:		Approved By:	



# CREDIT CARD AUTHORIZATION FORM

Visa or MasterCard ONLY

Company: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

Cardholder Phone Number : \_\_\_\_\_ Fax Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

CC Expiration Date: \_\_\_\_\_

CC Security Code: (3 digits on back of card) \_\_\_\_\_

CC Bank Name: \_\_\_\_\_

CC Bank Phone: \_\_\_\_\_

**PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR CREDIT CARD AND DRIVERS LICENSE ON COMPANY LETTERHEAD.**

I hereby authorize Event Tech to process the above credit card for full payment against any current or future transactions requested by me and/ or other representatives of my company as authorized. Said transactions to include:

1. Purchase of equipment and supplies to include shipping charges and restocking charges as applicable.
2. Rental of equipment to include security deposits, late return charges, replacement of missing equipment, repair of damaged equipment, freight charges, and local trucking as applicable.
3. Shop repair of equipment to include parts, labor, and shipping as applicable.
4. Production services to include design/ layout, production package, technician/ crew/ shop labor, trucking, technician transportation, and expendable purchases as applicable.

When signed, this document will serve as "signature on file" for all sales orders, rental agreements, or invoices in my name and/ or in the name of my company.

Either party may terminate this agreement within 30 days written notice or upon the expiration date of the credit card, whichever occurs first. By signing, I agree to be personally responsible to pay upon demand any outstanding balance owed to Event Tech.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



## CERTIFICATE OF RESALE MULTIJURISDICTIONAL

Date: \_\_\_\_\_

Issued to seller:           Event Tech  
7601 Brandon Woods Blvd.  
Baltimore, MD 21226

This is to certify that all materials, merchandise, or goods purchased by:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

are purchased for resale as tangible personal property, or for use or incorporation as a material or part of other tangible personal property to be produced for sale. I further certify that if any property purchased tax-free is used or consumed by the firm, making it subject to Sales or Use Tax, we will pay the tax due directly to the proper taxing authority, or we will inform the seller for added tax billing. This certificate shall be part of each order, which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoked by the state.

State	Registration/ ID No.	State	Registration/ ID No.	State	Registration/ ID No.
AK		KY		NY	
AL		LA		OH	
AR		MA		OK	
AZ		MD		OR	
CA		ME		PA	
CO		MI		RI	
CT		MN		SC	
DC		MO		SD	
DE		MS		TN	
FL		MT		TX	
GA		NC		UT	
HI		ND		VA	
IA		NE		VT	
ID		NH		WA	
IL		NJ		WI	
IN		NM		WV	
KS		NV		WY	

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_



## CERTIFICATE OF TAX EXEMPTION

Submission of a state provided Exemption Certificate is required in order to be exempt from sales and use tax in the jurisdiction in which the job is located. A Federal 501 (c) income tax exemption certificate does not satisfy this requirement per State Sales and Use Tax Regulations.

To obtain a State Sales and Use Exemption Certificate please contact your state tax office for additional details.

State Contact Information can be accessed below:

Alabama - <a href="http://www.ador.state.al.us/">http://www.ador.state.al.us/</a>	Missouri - <a href="http://dor.mo.gov/tax/business/">http://dor.mo.gov/tax/business/</a>
Alaska - <a href="http://www.revenue.state.ak.us/">http://www.revenue.state.ak.us/</a>	Montana - <a href="http://revenue.mt.gov/revenue/">http://revenue.mt.gov/revenue/</a>
Arizona - <a href="http://www.azdor.gov/">http://www.azdor.gov/</a>	Nebraska - <a href="http://www.revenue.state.ne.us/">http://www.revenue.state.ne.us/</a>
Arkansas - <a href="http://www.dfa.arkansas.gov">http://www.dfa.arkansas.gov</a>	Nevada - <a href="http://tax.state.nv.us/">http://tax.state.nv.us/</a>
California - <a href="http://www.ftb.ca.gov/">http://www.ftb.ca.gov/</a>	New Hampshire - <a href="http://www.nh.gov/revenue/">http://www.nh.gov/revenue/</a>
Colorado - <a href="http://www.colorado.gov/revenue">http://www.colorado.gov/revenue</a>	New Jersey - <a href="http://www.state.nj.us/treasury/taxation/">http://www.state.nj.us/treasury/taxation/</a>
Connecticut - <a href="http://www.ct.gov/drs">http://www.ct.gov/drs</a>	New Mexico – <a href="http://www.tax.state.nm.us/">http://www.tax.state.nm.us/</a>
Delaware - <a href="http://revenue.delaware.gov/">http://revenue.delaware.gov/</a>	New York - <a href="http://www.tax.state.ny.us/">http://www.tax.state.ny.us/</a>
District of Columbia - <a href="http://otr.cfo.dc.gov">http://otr.cfo.dc.gov</a>	North Carolina - <a href="http://www.dornc.com/">http://www.dornc.com/</a>
Florida - <a href="http://dor.myflorida.com/dor/">http://dor.myflorida.com/dor/</a>	North Dakota - <a href="http://www.nd.gov/tax/">http://www.nd.gov/tax/</a>
Georgia - <a href="https://etax.dor.ga.gov/">https://etax.dor.ga.gov/</a>	Ohio - <a href="http://tax.ohio.gov/">http://tax.ohio.gov/</a>
Hawaii - <a href="http://www.state.hi.us/tax/tax.html">http://www.state.hi.us/tax/tax.html</a>	Oklahoma - <a href="http://www.oktax.state.ok.us/">http://www.oktax.state.ok.us/</a>
Idaho - <a href="http://tax.idaho.gov/index.cfm">http://tax.idaho.gov/index.cfm</a>	Oregon - <a href="http://www.oregon.gov/DOR/">http://www.oregon.gov/DOR/</a>
Illinois – <a href="http://www.revenue.state.il.us/">http://www.revenue.state.il.us/</a>	Pennsylvania - <a href="http://www.revenue.state.pa.us">http://www.revenue.state.pa.us</a>
Indiana - <a href="http://www.ai.org/dor/index.htm">http://www.ai.org/dor/index.htm</a>	Rhode Island – <a href="http://www.tax.state.ri.us/">http://www.tax.state.ri.us/</a>
Iowa - <a href="http://www.iowa.gov/tax/index.html">http://www.iowa.gov/tax/index.html</a>	South Carolina - <a href="http://www.sctax.org">http://www.sctax.org</a>
Kansas - <a href="http://www.ksrevenue.org/">http://www.ksrevenue.org/</a>	South Dakota - <a href="http://www.state.sd.us/drr2">http://www.state.sd.us/drr2</a>
Kentucky - <a href="http://revenue.ky.gov/">http://revenue.ky.gov/</a>	Tennessee - <a href="http://www.state.tn.us/revenue/">http://www.state.tn.us/revenue/</a>
Louisiana - <a href="http://www.rev.state.la.us/">http://www.rev.state.la.us/</a>	Texas - <a href="http://www.cpa.state.tx.us/">http://www.cpa.state.tx.us/</a>
Maine - <a href="http://www.maine.gov/revenue/">http://www.maine.gov/revenue/</a>	Utah - <a href="http://tax.utah.gov/">http://tax.utah.gov/</a>
Maryland - <a href="http://business.marylandtaxes.com/taxinfo/salesanduse/exemption/">http://business.marylandtaxes.com/taxinfo/salesanduse/exemption/</a>	Vermont - <a href="http://www.state.vt.us/tax">http://www.state.vt.us/tax</a>
Massachusetts - <a href="http://www.mass.gov/">http://www.mass.gov/</a>	Virginia - <a href="http://www.tax.virginia.gov/">http://www.tax.virginia.gov/</a>
Michigan - <a href="http://www.michigan.gov/treasury">http://www.michigan.gov/treasury</a>	Washington - <a href="http://dor.wa.gov">http://dor.wa.gov</a>
Minnesota - <a href="http://www.taxes.state.mn.us/">http://www.taxes.state.mn.us/</a>	West Virginia - <a href="http://www.wvrevenue.gov/">http://www.wvrevenue.gov/</a>
Mississippi - <a href="http://www.treasury.state.ms.us/">http://www.treasury.state.ms.us/</a>	Wisconsin – <a href="http://www.dor.state.wi.us/">http://www.dor.state.wi.us/</a>
	Wyoming - <a href="http://revenue.state.wy.us/">http://revenue.state.wy.us/</a>



## Complete Insurance Requirements

Please submit a certificate of insurance meeting the following requirements. Please note that the certificate must be sent from the client's insurance company rather than directly from the client. Event Tech must approve the certificate prior to any rentals or productions.

- ◆ The insurance carrier must hold an AM Best Rating of B+ or above.
- ◆ The insured listed on the certificate must match the customer name on file with Event Tech.
- ◆ The certificate date must be within the past 6 months.
- ◆ The policy expiration date must be current.
- ◆ Event Tech must be listed as the certificate holder.
- ◆ The following (or similar statement must be included: "Certificate Holder is named as additionally insured and loss payee with respect to property of Event Tech, it's employees and it's contractors. This policy is primary and any other insurance maintained by Event Tech is excess to this insurance and shall not contribute to losses or damage covered under this insurance policy". (Overnights, unattended equipment or other circumstance where client is responsible for security of property of Event Tech, it's employees and it's contractors)
- ◆ The certificate must provide for at least 30 days written cancellation notice.
- ◆ Policy limits and corresponding deductibles must be listed on the certificate.

### Coverage Details

- ◆ **PROPERTY INSURANCE:** Lessee shall at all times from the delivery of the property to Lessee to its return to Lessor, as those terms are defined herein, including during times of shipment and storage, maintain property insurance covering the property from damage or loss from any cause whatsoever. Such property insurance shall be in an amount sufficient to cover the full replacement cost of the property and Lessor's rental charges until the property is repaired or replaced. Lessor shall be named an additional insured and loss payee on such policy or policies and, upon request by Lessor, Lessee shall provide Lessor with proof of such insurance.
- ◆ **AUTOMOBILE LIABILITY INSURANCE:** Lessee shall, at its own expense, maintain business automobile insurance, including coverage for loading and unloading property and hired auto physical damage insurance covering owned, co-owned, hired and rented or leased vehicles. Coverage for physical damage shall include the perils of comprehensive and collision loss. Lessor shall be named as an additional insured respecting the liability coverage and as loss payee on the hired auto physical damage coverage. The insurance shall provide no less than \$1,000,000 in combined single limits, and actual cash value, less a \$1,000 deductible for the physical damage on comprehensive and collision coverage.
- ◆ **WORKER'S COMPENSATION INSURANCE:** Lessee shall, at its own expense, maintain workers compensation/employer's liability insurance during the course of the property rental with minimum statutory limits as required by the state in which the lessee is domiciled.
- ◆ **COMMERCIAL GENERAL LIABILITY INSURANCE:** Lessee shall, at its own expense, maintain commercial general liability insurance that includes coverage for independent contractors and contractual liability coverage specifically referring to this Rental Agreement and to the hold harmless agreement herein. Said insurance shall name Lessor as an additional insured and provide that said insurance is primary coverage with respect to all insured the limits of which must be exhausted before any obligation arises under Lessor's insurance. Such insurance shall remain in effect during the course of the rental agreement, and shall include the following coverage's: broad form contractual liability, personal injury liability, completed operations, and products liability. Such insurance shall have provided general aggregate limits of not less than \$2,000,000 (including the coverage's specified above), personal injury, and advertising injury of not less than \$1,000,000, and per occurrence limits of no less than \$1,000,000.
- ◆ **NOTICE OF INSURANCE:** Before obtaining possession of the property leased, Lessee shall provide Lessor a Certificate of Insurance and applicable endorsements confirming each of the coverage's specified above. An authorized agent or representative of the insurance company shall sign all Certificates of Insurance. An insurance carrier authorized to do business in the State of Maryland shall issue all insurance maintained by Lessee pursuant to the foregoing provisions. The failure of Lessor to demand such notice or proof of insurance shall not excuse Lessee from providing it.

If you have any questions, please call the accounting department at 410-360-5006.