



**BROADCAST EQUIPMENT RENTALS**  
**WWW.KESLOW.COM**

444 West 36th Street New York, NY 10018  
Tel: 212.239.1500 • Fax: 212.239.1212

**Keslow Television  
Account Application**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Year Established \_\_\_\_\_ Corp.  Partnership  Proprietorship

Type of Business: Broadcast  Post/Edit  Govt.  Producer  Staging Co.  Other \_\_\_\_\_

Estimated Credit Requirements per Month \_\_\_\_\_

Individuals – Partnerships – Proprietorships

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_ State \_\_\_\_\_

Corporations

\_\_\_\_\_  
President Address Phone

\_\_\_\_\_  
Vice President Address Phone

\_\_\_\_\_  
Treasurer Address Phone

Incorporated under laws of what State? \_\_\_\_\_ Year Incorporated \_\_\_\_\_

Federal ID# \_\_\_\_\_ D & B # \_\_\_\_\_

Trade References

REF #1 \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

REF #2 \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

REF #3 \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Insurance Requirements

KTV requires a valid Certificate of Insurance naming Keslow Television as Loss Payee, and Additional Insured. Certificate must specify coverage amount, effective dates, deductible amount, and policy number. In addition the certificate must include All Risk, Special Form, and replacement cost coverage.

Name of Broker \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Do you use Purchase Orders?  Yes  No

If Yes, list authorized signers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Taxable  Exempt  Resale # \_\_\_\_\_ (Please include certificate)

**Bank Reference**

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_

**Credit Card Authorization**

Keslow Television requires all new accounts to provide a credit card to guarantee payment on past due accounts, and as a security deposit against any applicable Insurance deductible.

Credit Card: AMEX  Mastercard  Visa

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Company Name \_\_\_\_\_

---

All orders are C.O.D. until account application has been approved for credit terms. In consideration of the extension of credit terms, the undersigned does personally guarantee the payment of all charges made by, and/or on behalf of the applicant, plus attorney's fees, and all other costs of collection, should collection proceedings become necessary.

Signed by: \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Print Name Title

**Please Fax this application to 212-239-1212 Attn: Heidi Speciale**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Account # \_\_\_\_\_ Terms: \_\_\_\_\_