



# New Account Application

Q U I X O T E

For the purpose of procuring and establishing credit with Quixote Studios; the undersigned applicant should furnish the following information. Applicant represents and warrants said information is true and correct. The application must be completed in its entirety to expedite processing.

\*please fax or email to appropriate location below

<b>Quixote Studios Griffith Park</b> <b>Fax 323) 957-9944</b> <b>QParkBookings@Quixote.com</b> 4585 Electronics Pl. Los Angeles, CA 90039 323) 957-9933	<b>Quixote Grip &amp; Lighting</b> <b>Fax 818) 553-2961</b> <b>QParkBookings@Quixote.com</b> 4585 Electronics Pl. Los Angeles, CA 90039 818) 553-2960	<b>Quixote Studios Boston</b> <b>Fax 617) 903-3371</b> <b>Boston@Quixote.com</b> 184 Everett Street Boston, MA 02134 617) 903-3373
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business or corporate name			
business street address		city	state zip
billing address (if different)		city	state zip
business telephone			
main contact name		billing contact email	
year est	type of business (please check) <input type="checkbox"/> inc. <input type="checkbox"/> partnership <input type="checkbox"/> other (specify)		

**owners**

name		title
home address		
home phone #	cell/pager	

**bank or saving & loan association**

name		branch address
account #	phone #	
name		branch address
account #	phone #	contact

**trade references (at least three creditors, not credit cards)**

name & acct #		address
phone	fax	
name & acct #		address
phone	fax	
name & acct #		address
phone	fax	

Has applicant or any of its owners, principals, partners, officers or directors ever filed a voluntary petition bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors?  No  Yes. If yes, please attach a detailed explanation.

signature	title
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Renter must furnish Quixote with a certificate of insurance naming Quixote Studios as “Additional Insured” under Renter’s Auto Liability and Comprehensive General Liability Policies, and as “Loss Payee” under Renter’s Comprehensive and Collision Policy.

**comprehensive general liability**

must be in an amount not less than:

\$1,000,000/1,000,000 bodily injury liability

\$1,000,000 property damage liability



# Credit Card Authorization

Q U I X O T E

attn		
fax no.		
date		
credit card billing name	billing contact email	
billing address		
city	state	zip code
telephone number		
credit card type	visa <input type="checkbox"/>	mc <input type="checkbox"/> amex
credit card number		
expiration date		
<p>visa or mastercards 3 digit CID no. _____ (the CID no. is the 3-digit value printed on the signature panel on the back of the card, immediately following the credit card account number.)</p> <p>american express cards 3 digit CID no. _____ (he CID no. is the 4-digit, non-embossed number printed above your account number on the face of the card.)</p>		
<p>I authorize quixote to charge my credit card identified above for any payment for which i may become liable hereunder including he full amount of any service which remains unpaid 60 days after the date of invoice. i understand that a 3% service charge will be added to all amounts that are paid later than 30 days from the invoice date.</p>		
authorized cardholder's signature		
print cardholder's name		
<p>note: must have a photocopy of the credit card (front and back) and the driver's license sent back with this form.</p>		