

# That Cat Camera Support, LLC

60 Butternut Lane

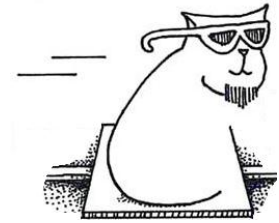
Stratford, CT 06614

p (718) 389-3585

rentals@thatcat.com

f (718) 389-3235

www.thatcat.com



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## New Customer Account Application

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Your Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

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

Email: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Owner/Partner/CEO (indicate name & title): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Working Title of Project: \_\_\_\_\_

Executive Producer: \_\_\_\_\_

Producer: \_\_\_\_\_ Line Producer: \_\_\_\_\_

UPM: \_\_\_\_\_ POC: \_\_\_\_\_

Director: \_\_\_\_\_ DP: \_\_\_\_\_

Key Grip: \_\_\_\_\_ Dolly Grip: \_\_\_\_\_

Accounting Department Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchase Orders Required? (yes or no): \_\_\_\_\_ Verbal or Written: \_\_\_\_\_

Persons Authorized to Place Orders: \_\_\_\_\_

Major Studio Affiliation: \_\_\_\_\_

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

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

### Motion Picture Trade References

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

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

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

### TO PROCEED WITH AN EQUIPMENT RENTAL

Applicant must complete this form, Applicant or Principal Owner must sign That Cat's Terms & Conditions, That Cat must be provided with adequate insurance, That Cat will be provided with a NY Resale/Tax Exempt Use Certificate (if applicable)

\*\*\*All documents can be emailed or faxed\*\*\*