

1. AUTHORIZATION

By signing this Application, I authorize Chapman/Leonard Studio Equipment, Inc. or its agent to investigate my personal, corporation, and/or partnership financial records including banking records. As part of such investigation, I authorize Chapman/Leonard Studio Equipment, Inc. to request and obtain credit reports in connection with the opening, monitoring, renewal and extension of this and other accounts with Chapman/Leonard Studio Equipment, Inc. If I request, you will tell me whether my credit report was requested by Chapman/Leonard Studio Equipment, Inc. and, if so, the name and address of the credit reporting agency that furnished that report.

By signing below, I, the corporation or partnership I am signing for, agree to pay the rent and other charges set forth in the documents under which the equipment is leased and/or rented from you, including attorney's fees and collection fees.

PAYMENT TERMS ARE NET 30 DAYS. - A charge will be made every month at the rate of 1% per month (12% per year) on unpaid invoices older than 60 days. The charge will run from the end of the 60 day period, until the invoice is paid. An additional late fee of 5% will be assessed on any unpaid invoice older than 120 days.

| | | | | | |
|----------------------|------|------------------------|-----|------------|--------------|
| Company Name | | Company Representative | | | Phone Number |
| Address | City | State | Zip | Fax Number | |
| Authorized Signature | | | | Title | Date |

2. GUARANTY

By signing this Application, I acknowledge that I have personally guaranteed the debts and obligations of the business as referenced in this application and agree that I am personally obligated to perform all of the terms of, and make all payments to Chapman/Leonard Studio Equipment, Inc. required by the agreement of which this Application is a part.

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|----------------------|----------------|-------|-----|------------------------|
| First Name | Middle Initial | Last | | Social Security Number |
| Present Home Address | City | State | Zip | Home Phone Number |
| Authorized Signature | | | | Date |

Multiple Owners

| | | | | |
|----------------------|----------------|-------|-----|------------------------|
| First Name | Middle Initial | Last | | Social Security Number |
| Present Home Address | City | State | Zip | Home Phone Number |
| Authorized Signature | | | | Date |