



Date: _____ Order # _____
 Company: **Houston Plasma Rental**
 Attention: **New Accounts Department**
 Fax: 484-924-2279 Phone: 281-336-0779 – 281-352-5093
 From: _____

Creating the Professional Visual Impact at Your Next Event

1120 Nasa Parkway, Suite 220 Houston, TX 77058
 Ph: 281-336-0773 - 281-352-5093 (Sales: Ext 1)
 Fax: 484-924-2279 - 281-291-7825
www.houstonplasmarental.com

PERSONAL RENTAL APPLICATION

Information you provide will remain 100% confidential. **Please complete the entire form below.**

1. APPLICANT

LEGAL NAME	HOME PHONE		WORK PHONE	
HOME ADDRESS	CITY	STATE	ZIP	HOW LONG
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)	CITY	STATE	ZIP	HOW LONG
NAME OF NEAREST RELATIVE (NOT LIVING WITH YOU)	PHONE NUMBER		RELATION	
ADDRESS OF NEAREST RELATIVE (NOT LIVING WITH YOU)	CITY	STATE	ZIP	
E-MAIL ADDRESS				

2. SECURITY DEPOSIT VS. CREDIT CHECK

<input type="checkbox"/> PLACE A HOLD ON MY CREDIT CARD FOR THE FULL VALUE OF THE EQUIPMENT I AM RENTING. I UNDERSTAND THAT A HOLD WILL REDUCE THE AVAILABLE CREDIT ON MY CREDIT CARD. THE HOLD WILL BE RELEASED ONCE THE EQUIPMENT HAS BEEN RETURNED TO HOUSTON PLASMA RENTAL .	<input type="checkbox"/> REVIEW MY CREDIT HISTORY BY PERFORMING A CREDIT CHECK. MY SOCIAL SECURITY NUMBER IS: _____
<div style="border: 1px solid black; padding: 2px; display: inline-block;">OR</div>	

3. PROFESSIONAL REFERENCE

COMPANY NAME	PHONE NUMBER	ACCOUNT # / CONTACT
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4. CREDIT CARD INFORMATION

I authorize **HOUSTON PLASMA RENTAL** to charge my credit card for any outstanding amount due on my account that has not been paid by an invoice due date. Charges include but are not limited to any outstanding invoices as well as charges for damage or loss of equipment.

TYPE OF CREDIT CARD	CREDIT CARD NUMBER	EXPIRATION DATE
<input type="checkbox"/> I WOULD LIKE THE FIRST PAYMENT BILLED TO MY CREDIT CARD		
<input type="checkbox"/> I WOULD LIKE ALL FUTURE PAYMENTS TO BE AUTOMATICALLY BILLED TO MY CREDIT CARD		
NAME AS IT APPEARS ON THE CREDIT CARD		CARD HOLDER SIGNATURE
BILLING ADDRESS OF CREDIT CARD	CITY	STATE ZIP

5. IDENTIFICATION

ATTACH AN ENLARGED COPY OF FOLLOWING ITEMS ON A SEPARATE SHEET: 1 - DRIVERS LICENSE OR PASSPORT OF CREDIT CARD HOLDER 2 - FRONT AND BACK OF CREDIT CARD
