



Z Systems, inc – New Customer

Business Name _____

Your Name _____

Additional Contacts _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Cell (_____) _____ Web Site _____

Email Address _____

Shipping Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Are you Sales and/or Use Tax Exempt? NO YES

(If YES, we require a copy of your exemption certificate for our files.)

Do you have Rental Insurance? NO YES

(An approved insurance certificate must be on file with us before your rental to avoid a fee.)

How did you hear about us? _____

Credit Card Bill-To Name _____

Credit Card Bill-To Address _____

City _____ State _____ Zip _____

Credit Card Number _____ Expiration Date ____ / ____

Credit Card Type VISA MC DISC AMEX

Card Control Number _____

Signature & Date

By signing above, you, as the credit card holder, authorize Z Systems, inc. to charge your credit card for orders placed with us, and rentals booked under the listed account name according to our standard terms and conditions. If this credit card is for payment of a rental contract, you also agree that a collateral deposit may be made on the credit card presented above during the rental event to guarantee the equipment is returned in the condition it was received and to guarantee payment for any damage, replacement, repairs, or rental fees. The deposit will be released once the equipment has been satisfactorily returned to Z Systems, inc.