

		NEW STUDENT APP	PLICATION FORM	
School		Student's Name		
Address		City	State	ZIP
Phone	Fax	Email		
		Credit Card In	nformation_	
Card Holder's Name				
Card Billing Address		City	State	ZIP
Phone	Fax	Email		
Please check one of the fo	ollowing:	MASTERCARD	VISA AMEX	,
Last 4 Digits of Credit Card	d#	Expiration Date:	Issuing Bank:	
		entered directly into our sys Referer Please list three active refe NO Application will be accepted call your Talamas Rental Agent if y	tem in a secure manner. 1CeS rences and contact info I if this section is left blank!	rity code so that the information can b
School Adviser's Name:				
Address		City	State	ZIP
Phone	Fax	Email		
School Rental Manager/He	ead or Professo	or:		
Address		City	State	ZIP
Phone	Fax	Email		
Relationship:				
Company/Professor		-	Name	
Address		City	State	ZIP
Phone	Fax	Email		
Relationship:				
and Additional Insured. Ed For items with a replacemental cost. This charge co A hold may be put on the dequipment for customers	all rentals. Bind quipment trave ent value of le overs loss or d credit card for who purchase	eling outside of the US must have best than \$25,000.00 Talamas can walamage after a \$2500.00 deductible either the insurance deductible fo	nce Inc. as the Certificate Holder w Worldwide coverage. aive the insurance requiremen b. or customers with binders or fo	ith provisions for BOTH Loss Payee t for a 10% charge based on the total r the replacement value of the rented
Signature:	Date:			

Talamas Contact: _