



CONTACT FORM

dino.berlin
Filmgeräteverleih

Dear client, we are reliant on your correct information and invoice data. Please thoroughly check your personal data on the contract and update or complete them if necessary. If you write by hand, please use capital letters.

A Client and invoice recipient (Warning: After the contract has been signed the invoice recipient cannot be changed.):

first and last name:	<input type="text"/>	date of birth:	<input type="text"/>
company/ legal form:	<input type="text"/>	trade register:	<input type="text"/>
street, no.:	<input type="text"/>		
city:	<input type="text"/>	zip code:	<input type="text"/>
email:	<input type="text"/>	phone/mobile:	<input type="text"/>
VAT no.:	<input type="text"/>	Only necessary for invoicing without VAT (taxfree intracommunity delivery).	
contact person at accountancy:	<input type="text"/>	email address accountancy:	<input type="text"/>

B Authorized person to act on my behalf regarding decisions on equipment, price-negotiations, quote confirmations and any other steps that might be needed for the execution of the rental-contract agreement. **Valid until revoked.**

first and last name:	<input type="text"/>	date of birth:	<input type="text"/>
company/ legal form:	<input type="text"/>	trade register:	<input type="text"/>
street, no.:	<input type="text"/>		
city:	<input type="text"/>	zip code:	<input type="text"/>
email:	<input type="text"/>	phone/mobile:	<input type="text"/>

C We ask all clients who have their own equipment insurance for the time of shooting, to send us a copy of their insurance policy before pickup. Otherwise we need to insist on our own insurance.

I have my own policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sent before pickup – email-date and time: <input type="text"/>
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D bank account: (client and invoice recipient)	account holder <input type="text"/>	IBAN <input type="text"/>
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With my signature I confirm that all my above given informations are correct. Furthermore I confirm that neither against me nor the above mentioned authorized persons insolvency proceedings were opened during the last five years.

city, date: **Signature:** _____

I agree that my personal data may be transmitted to SCHUFA Holding AG, Creditreform or the residents' registration office for a singular solvency and identity check. **Signature:** _____

With the following signature I accept the terms and conditions of the company dino.berlin.
(Terms and conditions can be found under www.videoequipmentverleih.de/AGB_dino_berlin.pdf or at our rental store.) **Signature:** _____