

EMPIRE FIRE AND MARINE INSURANCE COMPANY
C/O ABACUS INSURANCE BROKERS
12300 WILSHIRE BOULEVARD SUITE 400
LOS ANGELES, CA 90025

To whom it may concern:

Production Consultants and Equipment (PC&E) requires that our customer's rental insurance does not include any unattended vehicle exclusion in their policy. This is a requirement by our insurance company and we require it of our customers.

Thank you,

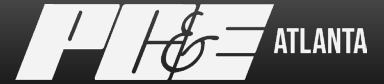
Mark Wofford

President & CEO

2235 DeFoor Hills Road NW

Atlanta, GA 30318

PAYMENT GUARANTEE CREDIT CARD AUTHORIZATION



CUSTOMER/COMPANY NAME: _____ PHONE: _____ EMAIL: _____

CARDHOLDER NAME: _____ PHONE: _____ EMAIL: _____

PLACE CREDIT CARD HERE

PLACE DRIVER'S LICENSE HERE

NAME ON CARD:	NAME ON LICENSE:
CREDIT CARD NO:	D.L. #
EXPIRATION DATE:	EXPIRATION DATE:
3 DIGIT CVV OR 4 DIGIT CID CODE:	ADDRESS ON LICENSE:
BILLING ADDRESS FOR CARD:	

I do hereby authorize billing to my credit card shown above for:

- * Damage to equipment
- * Loss/Non-return of equipment
- * Bad checks--any transaction
- * Expendables, fuel or mileage charges
- * Rental Charges/late equipment return/extended rental charges
- * Unpaid invoices, in full or short-paid, after the date of terms has passed

I acknowledge that if I choose to pay final invoice by credit card, invoice will include a 2.5% surcharge.

I acknowledge that I may be liable for up to \$1000 in repairs for damage or \$1000 deductible for loss

if I am being charged a damage waiver by PC&E.

I also acknowledge that a photocopy or fax copy of this document shall constitute the same consent as an original.

SIGNATURE: _____ DATE: _____

ORGANIZATION: _____ WEBSITE: _____
ADDRESS: _____ CITY: _____
PHONE: _____ STATE: _____ ZIP: _____
PRIMARY CONTACT: _____ TITLE: _____ EMAIL: _____
ACCOUNTING CONTACT: _____ TITLE: _____ EMAIL: _____
ADDITIONAL CONTACT: _____ TITLE: _____ EMAIL: _____
TYPE OF BUSINESS: _____ DATE STARTED: _____
CHECK ONE: INDIVIDUAL PARTNERSHIP CORPORATION-----STATE
EMPLOYER ID # : _____ OR TAX ID#: _____

BANK: _____ CONTACT: _____
ACCOUNT NUMBER: _____ ROUTING NUMBER: _____
NAME ON ACCOUNT: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PLEASE LIST THREE ACTIVE TRADE REFERENCES AND INCLUDE COMPLETE INFO

1. _____ CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____
2. _____ CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____
3. _____ CONTACT: _____
PHONE: _____ FAX: _____ EMAIL: _____

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. IT WILL BE HELD IN STRICTEST OF CONFIDENCE. APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE TO TERMS. (TERMS NET 30 DAYS.) REASONABLE ATTORNEY FEES WILL BE CHARGED ON ALL COLLECTION ITEMS. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

AUTHORIZED SIGNATURE:: _____ TITLE: _____
PRINTED: _____ DATE:: _____

INDIVIDUALS/PARTNERSHIPS MUST COMPLETE THE FOLLOWING PERSONAL GUARANTEE

I, _____ residing at _____ for and in consideration of your extending credit at my request to (Organization:) _____ (hereinafter referred to as the "company") hereby personally guarantee to PC&E the payment of any obligation of the company and I hereby agree to bind myself to pay PC&E on demand any sum which becomes due to PC&E by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.