



New Account Form

Account information:

Production Company Name _____

Company Address _____

City _____ State _____ Zip Code _____

Production Office Phone _____ E-Mail _____

Shooting Location _____ City/Zip _____

Billing Address _____ City/Zip _____

Accounting _____ E-Mail _____

Point Person for Orders _____ E-Mail _____

Post Accounting _____ E-Mail _____

Studio Affiliate/Owner _____ Phone _____

Studio Contact _____ E-Mail _____

Shooting Dates From: _____ To _____

Equipment to be rented: (check all that apply)

Forklifts Aerial Lifts Carts

Signature

Print Name _____ Title _____

Signature _____ Date _____

