

Attention: _____

Feature

TV

Commercial

SHOW INFORMATION SHEET:

PLEASE COMPLETE AND FAX BACK WITH INSURANCE CERTIFICATE

	RUN OF SHOW DATES:
	WORKING DAYS S M T W TH F SA

Production Company: _____

Show Name/ Job #: _____

Phone #: _____

Fax #: _____

Office Address: _____

Street	City	State	Zip code
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Billing Address: _____

Street	City	State	Zip code
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CONTACTS:

Coordinator: _____ name

Cell: _____

Email: _____

Add'l Contact: _____ name

Cell: _____

Email: _____

ACCOUNTING INFORMATION:

Contact: _____ name

Phone _____

Authorized Company Employee

Print Name _____ Date _____

Title _____

Sign Name _____ Contact Phone _____

Federal ID # _____ Corporation Number _____ LLC # _____

WHERE DID YOU HEAR ABOUT US?

LA411 Debbie's Book Web Prior Use Other

Comments: _____



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FAX: 818 780 1340

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