



12580 Saticoy St., North Hollywood, CA 91605. Ph: 818-780-6272 Fax: 818-780-1340

To All Deposit Accounts:

Thank you for selecting Cinema Vehicle Services, LLC for your current project needs.

It is important to follow the guidelines listed below:

1. All accounts must provide a certificate of insurance naming Cinema Vehicle Services, LLC as **additional insured and loss payee** with hired auto coverage and a minimum of one million dollars in limit. **No vehicle will be released without this certificate.**
2. Rental deposits need to be provided to the rental department **prior to rentals. All deposits must be transacted by Credit Card or Wire Transfer. Cinema Vehicle Services cannot accept checks for deposits.**
3. Deposits are held as security for overages on rentals and/or to cover damages.
4. Please note any and all balances due will be charged to the provided Credit Card. You will be notified of all charges.
5. If damages or rental overages occur, we will notify you as soon as possible. We understand that damages may occur that are both planned and purely accidental. Please notify Cinema Vehicle Services, LLC immediately of any possible damages related to your shoot. We may be able to help you avoid unexpected expenses or direct you to a less expensive alternative. In the event of damage to a vehicle we will charge the provided Credit Card.
6. You may have any damaged vehicle repaired at your expense at a shop approved by us. Be advised if you desire to do so, the vehicle will remain on rent (downtime) and any repairs will have to meet with our approval.
7. Cinema Vehicle Services, LLC makes no claim to the rights or usability of the image, brand or logo of any vehicle or product it rents/leases. All manufacturer clearances and or fees due are the responsibility of you the renter/lessor as acknowledged by your signature to this agreement.

We wish you great success with your project and look forward to working with you.

Jesse Dickerson
President
Cinema Vehicle Services, LLC

Type of Credit Card: ___ American Express ___ MasterCard ___ Visa ___ Other:

Amount to be charged: \$ _____ Amount to be Authorized: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Production Company: _____

Show Name: _____

Accepted By: _____ Date: _____

(please sign and return with show information sheet)