

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 #:
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Phone #:	Fax #:
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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:
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Email:

Add'l Contact:	name	Cell:
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Email:

ACCOUNTING INFORMATION:

Contact:	name	Phone
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Authorized Company Employee

Print Name _____ Date _____

Title _____

Sign Name _____ Contact Phone _____

Federal ID # _____ Corporation Number _____ LLC # _____

WHERE DID YOU HEAR ABOUT US?

LA411 Advertisement Web Prior Use Other

Comments: _____



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