

C.O.D. Account Application

Please fill out completely and e-mail to <u>accounting@neststudiorentals.net</u> or fax back to 818.762.0431

General Info

Production Company Name:

Billing Address:

Job Name and Number:

Expected Wrap Date:

Organization Type	<u>Job Type</u>				
Corporation	Commercial				
Partnership	Photo Shoot				
Individual	Web Content				
	Other	Please Specify			
Contact Info					
Accounting Contact:					
Name:	Phone:		e-mail:		
Art Department Coordinator:					
Name:	Phone:		e-mail:		
Set Decorator:					
Name:	Phone:		e-mail:		
Lead Person:					
Name:	Phone:		e-mail:		
Additional Authorized Buyers					

Preferred Payment Method								
<mark>(If paying b</mark> y	y Credit/Debit Card, plea	ase complete a Credit Ca	ird Authorizatior	<mark>n Form and submit it al</mark>	ong with this form)			
Deposit:	Company Check	Credit Card	Rental:	Company check	Credit Card			
-								
Signature:			Signed by:					
Title:			Date: (mm/do	l/vvvv)				
C C			<i>c</i> ,	I/yyyy)				