



WARNING – Adobe Reader or Acrobat are needed to fill out this Form. Forms saved from Mac preview and Chrome will not work properly!

3100 DamonWay • Burbank, CA 91505-1015  
Tel (818) 972-5000 • Fax (818) 972-5010

UPON COMPLETION OF PROJECT INFORMATION FORM PLEASE EMAIL OR FAX BACK

## Please Print

Title of Project

Office Phone Number

Office Fax Number

Date of Camera Prep

First Day of Shoot

Last Day of Shoot

Return Date

Name of your Production Company as it appears on your Certificate of Insurance

Street Address as it appears on Certificate of Insurance

Billing Address, if different than Cert. of Insurance

City, State, Zip

City, State, Zip

## Print The Name of Insured (An Officer of the Company)

Name of Producer

Name of Director

Name of U.P.M.

Cell Phone

email address

Name of Coordinator or Contact

Cell Phone

email address

Name of Director of Photography

Cell Phone

email address

Name of Camera Assistant

Cell Phone

email address

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Print Name of Lessee

Title

Signature of Lessee

Date



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## Account Application

For the purpose procuring and establishing credit with HOLLYWOOD CAMERA, INC. (hereinafter "HCI"), and to enable the undersigned to utilize HCI's services on a credit basis, the undersigned customer makes the following statement in writing, intending that HCI rely thereon respecting the financial condition of:

### Customer:

Customer: (Hereinafter referred to as "Customer")

Address

City, State, Zip

Telephone No.

In Business Since

Year

Federal Tax I.D. No.

☐ Partnership

☐ Individual

☐ Corporation

If Incorporated Date and State of Incorporation

### Principal Officers, Partners or Owners:

Name

Title

Home Telephone No.

Home Address

City, State, Zip

Social Security No.

Name

Title

Home Telephone No.

Home Address

City, State, Zip

Social Security No.

Name

Title

Home Telephone No.

Home Address

City, State, Zip

Social Security No.

Name

Title

Home Telephone No.

Home Address

City, State, Zip

Social Security No.

***Has principal(s) done business with HCI under another company name?***☐ Yes☐ No

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If Yes, Name of Company(s)

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***Banks:***

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Bank Name

---

Branch

---

Telephone No.

---

Address

---

City, State, Zip

---

Acct. No.

---

Bank Name

---

Branch

---

Telephone No.

---

Address

---

City, State, Zip

---

Acct. No.***Film Industry Credit References:***

---

Company

---

Contact Name

---

Telephone No.

---

Address

---

City, State, Zip

---

Acct. No.

---

Company

---

Contact Name

---

Telephone No.

---

Address

---

City, State, Zip

---

Acct. No.

---

Company

---

Contact Name

---

Telephone No.

---

Address

---

City, State, Zip

---

Acct. No.

---

Company

---

Contact Name

---

Telephone No.

---

Address

---

City, State, Zip

---

Acct. No.

**WE NEED COMPLETE COMPANY NAMES, ADDRESSES, PHONE AND  
FAX NUMBERS IN ORDER TO PROCESS YOUR APPLICATION**

**CONFIRMATION OF INFORMATION ACCURACY & RELEASE OF AUTHORITY  
TO VERIFY**

The undersigned, for the purpose of procuring and establishing credit from time to time with Supplier to permit (Customer Name)\_\_\_\_\_to become indebted to Supplier for purchase of goods, materials and/or services, furnishes the above business and personal credit information. The undersigned, jointly and individually, certify that all information in this Credit Application is complete, factual and correct, and understands the Supplier will rely on the accuracy of this information for any credit that may be extended. Supplier is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this Credit Application. The undersigned hereby waives any privacy of credit information rights or regulations. The undersigned also understands that the use of a photocopy of this form may be necessary to verify one or more of the credit references. The undersigned authorizes that use and requests that such a photocopy be honored fully, as if it were an original. If any representations made on the Application prove to be untrue, the undersigned agrees that all obligations of (Customer to, or held by, Supplier shall immediately become due and fully payable without demand or notice. The undersigned hereby acknowledges receipt of a copy of this Credit Application.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



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## **AUTHORIZATION TO RELEASE CREDIT INFORMATION**

To whom it may concern:

Hollywood Camera, Inc. is hereby authorized to request all necessary credit information from the references given on the attached credit application and agreement, to assist in their extension of credit to the undersigned. The said persons, bank, and/or companies are hereby requested and directed to release such information to Hollywood Camera, Inc. upon request. In the event that you receive a photocopy of this authorization, it should be treated as an original and the requested information should be released.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
COMPANY

\_\_\_\_\_  
DATE



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## CREDIT CARD AUTHORIZATION

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Date \_\_\_\_\_

I, \_\_\_\_\_ (print name)

authorize Hollywood Camera , Inc. to process applicable charges on my credit card regarding camera equipment rental and other charges associated with this rental.

CREDIT CARD INFORMATION: ***PLEASE NOTE: WE DO NOT ACCEPT AMERICAN EXPRESS***

Name of card holder (print) \_\_\_\_\_

Address of card holder \_\_\_\_\_

Phone number \_\_\_\_\_

Type of credit card \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Visa/MC: Please provide the last 3 digits on back of card \_\_\_\_\_

Signature of authorized user \_\_\_\_\_ Date \_\_\_\_\_

## DRIVER LICENSE PHOTO REQUIRED

Driver's License number \_\_\_\_\_

Last four numbers of Social Security number      XXX - XXX - \_\_\_\_\_

Production company name \_\_\_\_\_

**PLEASE PROVIDE A PHOTOCOPY OF THE FRONT AND BACK OF YOUR CREDIT CARD ALONG WITH A PHOTOCOPY OF YOUR DRIVER'S LICENSE.**

## REQUEST FROM INSURANCE BROKER RELEASE OF YOUR INSURANCE POLICY IN THE EVENT OF A LOSS

(Please complete all sections accordingly)

Agency name \_\_\_\_\_

Agent's name \_\_\_\_\_

Phone number \_\_\_\_\_

Fax number \_\_\_\_\_

### CERTIFICATE REQUEST

This is to request that the above insurance company and its agent fax and mail a copy of our insurance certificate to

Hollywood Camera, Inc. confirming that \_\_\_\_\_ production company, in  
conjunction with the project " \_\_\_\_\_ " will be renting equipment  
from Hollywood Camera, Inc. on

the following dates:

Prep/pick-up \_\_\_\_\_

First day of shoot \_\_\_\_\_

Last day of shoot \_\_\_\_\_

Equipment return \_\_\_\_\_

Insurance must begin at 12:01 a.m. of the date of prep/pick-up to midnight (24:00) of the day the equipment is returned.

Minimum coverage for rental equipment is \$500,000.00 (or as applicable per contract agreement).

Minimum coverage for general liability must be \$1,000,000.00

Hollywood Camera, Inc. must be named as Additionally Insured with respects to General Liability and as Loss Payee for full replacement cost.

If equipment is removed from the United States foreign/world wide coverage for general liability and rental equipment must be included and stated within the body of the certificate.

If Hollywood Camera's sound stage and/or facility is utilized 3rd party coverage must be included and stated within the body of the certificate.

### RELEASE OF INSURANCE INFORMATION

It is further authorized that you release to Hollywood Camera, Inc. or its agent(s) all information at your disposal regarding any insurance policy to which Hollywood Camera, Inc. has been made an Additional Insured and Loss Payee including but not limited to a true correct and complete copy of the above referenced production company's insurance policy including any endorsement(s) and original application for insurance.

This Insurance Information Release shall be irrevocable for one (1) year from the date below and valid for only one (1) year from the date below unless renewed by the undersigned. A photocopy or facsimile transmission of this Release will have the same force and effect as the original.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

