



the **alpha** companies
motion picture rentals

Customer Information Sheet

*Production Co: _____ *Show Name: _____

Parent Co: _____

Feature Pilot Commercial TV Student Film Other: _____

*P.O.'s Contact: _____ Phone: _____ Email: _____

***Billing Address:**

*Production Office Phone: _____ Fax: _____ Production Email: _____

***Post Production/Corp Office:**

*Post Production Contact: _____ Phone: _____ Fax: _____ Email: _____

*Accts Payable: _____ Phone: _____ Email: _____

*Set Decorator: _____ Phone: _____ Email: _____

*Prop Master: _____ Phone: _____ Email: _____

*Lead Man: _____ Phone: _____ Email: _____

*******PLEASE NOTE ACCOUNT POLICIES*******

- ALL ACCOUNTS REQUIRE A VALID CERTIFICATE OF INSURANCE!
- Rental prices are based on weekly rentals; there will be no refund for early returns.
- All COD orders require a deposit; orders will not be released without deposit and payment on file, NO EXCEPTIONS!
- There is a 20% restocking fee for orders cancelled without 24 hours prior notice.
- Credit reference verifications can take up to 7 business days.
- All fields marked with (*) must be completely filled out.

*******By signing this document I agree that I have read and understand the terms and conditions of our account policies stated above*******

*Signature: _____

Title: _____

Date: _____

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