

PINACOTECA

PICTURE PROPS

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C.O.D. ACCOUNT APPLICATION

Fax this completed form to: (818) 764-2700 or e-mail to: sales@pinaprops.com

APPLICANT

Company Name _____

Job Name _____

Street Address _____

Billing Email _____

Production Type Commercial Feature Film Pilot TV Series Web Content Photoshoot

Entity Type Corporation Partnership LLC Sole Proprietor

CONTACTS

Production Contact _____

Phone _____ Email _____

Accounts Payable _____

Phone _____ Email _____

Coordinator _____

Phone _____ Email _____

Set Decorator _____

Phone _____ Email _____

Lead Person _____

Phone _____ Email _____

Authorized buyers _____

(If paying by Credit Card, please complete a Credit Card Authorization Form and submit it along with this form)

I do hereby certify that all the information stated on, or submitted in conjunction with, this form is true and correct.

Signature _____ Date _____

Print name and Title _____