

GALLERY FOR FILM

786.738.1229

www.galleryforfilm.com

NEW ACCOUNT INFORMATION FORM

SEND COMPLETE FORM TO: info@galleryforfilm.com

TODAY'S DATE: _____

PROJECT NAME: _____

PRODUCTION CO.: _____

RUN OF SHOW DATES: _____

PHYSICAL ADDRESS: _____

BILLING ADDRESS: _____

PRODUCTION OFFICE PHONE: _____

CHECK ONE: TV SHOW ☐ MOVIE ☐ COMMERCIAL ☐
MUSIC VIDEO ☐ OTHER: _____

EMAIL INVOICES TO: _____

ACCOUNTING CONTACT: _____ **PH#:** _____

EMAIL: _____ ☐ CC ON INVOICES

SET DECORATOR: _____ **PH#:** _____

EMAIL: _____ ☐ CC ON INVOICES

SET DEC BUYER: _____ **PH#:** _____

EMAIL: _____ ☐ CC ON INVOICES

SET DEC COORD: _____ **PH#:** _____

EMAIL: _____ ☐ CC ON INVOICES

PROPMASTER: _____ **PH#:** _____

EMAIL: _____ ☐ CC ON INVOICES

PROD OFFICE CONTACT: _____ **PH#:** _____

EMAIL: _____ ☐ CC ON INVOICES