

Sony Pictures Studios

Costume Department

Location Information

Marina Facility:

5300 Alla Road
Los Angeles, CA 90066
(310) 244-5995
FAX (310) 244-1995
HOURS: 6:30am – 5:00pm; Monday – Friday

Studio Lot Location:

10202 West Washington Blvd.
Barrymore Building
Culver City, CA 90232
(310) 244-7260
Fax: (310) 244-1408

Visit our website:

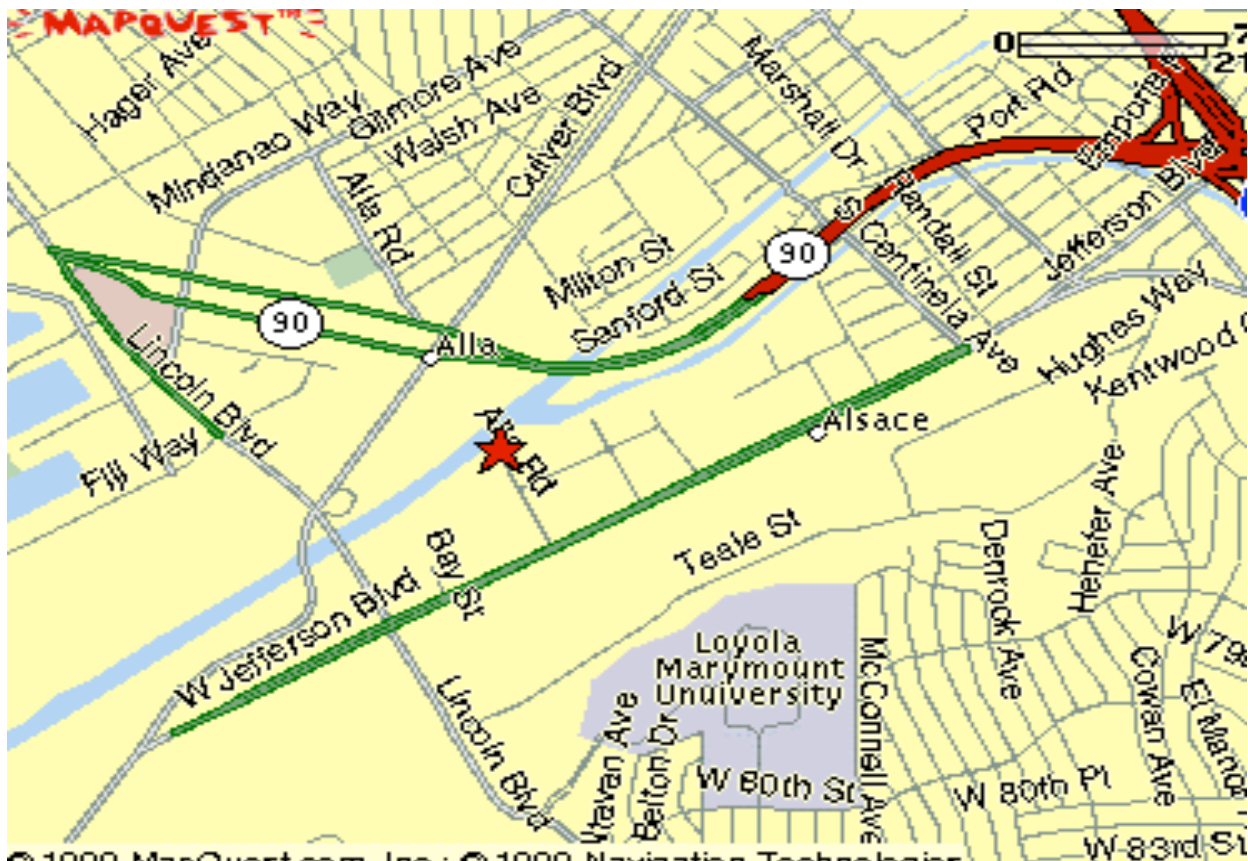
www.sonypicturesstudios.com

DIRECTIONS

Located on the corner of Jefferson & Alla Road.

405 North: Exit Jefferson, make left. Right on Alla Road

405 South: Exit Jefferson, make right. Right on Alla Road





5300 Alla Road
 Los Angeles, CA 90066
 (310) 244-5995 Fax: (310) 244-1995
 Hours: 6:30 am to 5:00 pm M-F

Costume Department

Project Information Sheet

PRODUCTION COMPANY _____

SHOW TITLE _____

JOB # _____

BILLING ADDRESS: _____

PHONE: _____

FAX: _____

- Television
- Feature
- Pilot
- Commercial
- Theatrical
- Other

DATE: _____

RENTAL CONTACT INFORMATION - Mandatory

NAME	PHONE	FAX	PAGER	CELL	E-MAIL
Your Name					
Prod. Accountant					
Costume Designer					
Costumer					

METHOD OF PAYMENT

Sony Account # _____

Check

Credit Card

Is a purchase order required for this production: Yes PO # _____ No

Production Dates: _____ / _____
ANTICIPATED RENTAL RETURN

DO NOT WRITE BELOW LINE – COSTUME DEPT. USE ONLY

NOTES: _____

In-House

3rd Party

Costume Rep. (please print)

INSURANCE _____
EXPIRATION DATE

**Standard Insurance Requirements
For Rentees/Lessees of Equipment**

Sony Pictures Entertainment, Inc. requires a Certificate of Insurance from all outside parties renting equipment, costumes, property or facilities. The Certificate should reflect the following insurance coverages:

Commercial General Liability - \$1,000,000. per occurrence
 \$1,000,000. aggregate

All Risk Property Insurance on Miscellaneous Equipment, Props, Sets, Wardrobe and/or any other property rented/leased by Rentee/Lessee. Rentee's/Lessee's Policy must cover and state that coverage is written on a replacement cost value for the equipment.

Sony Pictures Entertainment Inc., its parent, all subsidiaries, corporations and affiliated companies shall be included as an additional insured on liability and loss payee on property insurance.

A Thirty (30) Day written Notice of Cancellation

Rentee's/Lessee's insurance is primary and any insurance maintained by SPE is non-contributing to any of the insurance of the Rentee's/Lessee's.

**ALL OF THE ABOVE REQUIREMENTS MUST BE ON THE
CERTIFICATE OF INSURANCE IN ORDER TO BE APPROVED.**

CERTIFICATE HOLDER:

Sony Pictures Entertainment Inc.
10202 W. Washington Blvd.
Culver City, CA 90232
Attn: Risk Management

Send Certificate to:

Sony Pictures Entertainment Inc.
Costume Department
ATTN: Nick Pollack
5300 Alla Road
Los Angeles, CA 90066
Phone: (310) 244-7260
FAX: (310) 244-1408

SONY PICTURES ENTERTAINMENT, INC.

CREDIT DEPARTMENT – CAPRA SUITE 1001

10202 W. WASHINGTON BLVD.

CULVER CITY, CA 90232-3195

Telephone 310/244-7894 - Facsimile 310/244-0469

Exact Legal Name of Business: _____ Date: _____

D/B/A: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Federal ID#: _____ SSN (if sole proprietor) _____

Accounts Payable Contact: _____ Phone: _____

COMPANY PROFILE

Check One: Corporation Proprietorship Partnership LLC Other

Date Started: _____ Line of Business: _____

Annual Sales \$ _____ Net Worth \$ _____ #of Employees _____

AMOUNT OF CREDIT LINE REQUESTED (must be filled out): \$ _____

Name of Sony Entity/Department that solicited this application: _____

PRINCIPALS/OFFICERS OR PARTNERS

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

BANK REFERENCES

Name: _____ Branch: _____

Address: _____ Account #: _____

Check One: Commercial Checking Personal Checking Savings Commercial Loan Personal Loan

Name: _____ Branch: _____

Address: _____ Account #: _____

Check One: Commercial Checking Personal Checking Savings Commercial Loan Personal Loan

CREDIT (TRADE) REFERENCES

Name: _____ Phone #: _____

Address: _____

Account #: _____ Credit Line \$ _____

Name: _____ Phone #: _____

Address: _____

Account #: _____ Credit Line\$ _____

Name: _____ Phone #: _____

Address: _____

Account #: _____ Credit Line\$ _____

TERMS AND CONDITIONS

All payments are to be mailed to: Sony Pictures - Bank of America File #54715 - Los Angeles, CA 90074-4715

The undersigned agrees to pay all invoices within Sony Pictures Entertainment's (SPE) standard terms of Net 30 days. All past due invoices are subject to collection and/or legal action if any sum is not paid on or before the subject due date thereof. The prevailing party will be reimbursed for reasonable attorney's fees and costs of collection on any past due bill, regardless of whether judicial action is undertaken. The undersigned agrees that jurisdiction and venue for any dispute under this contract are proper in Los Angeles County, State of California. If required, the undersigned agrees to supply SPE, on a confidential basis, full disclosure of financial condition (Financial Statements).

Signature: _____

Date: _____

Title: _____

Signatory hereby AUTHORIZES and REQUESTS SPE to consider this application for the purpose of extending credit and authorizes the references listed on this application to provide all information requested in conjunction with this application