

PRODUCERS INFORMATION SHEET

DATE: _____

PRODUCTION ENTITY: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____ CELL: _____

CORPORATION: _____ PARTNERSHIP: _____ INDIVIDUAL: _____

PRODUCTION OFFICE ADDRESS: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

ADDRESS TO BE USED ON CERTIFICATE: _____

PRODUCTION TITLE: _____ RUNNING TIME: _____

TYPE OF PRODUCTION: Feature MOW Mini Series Series Pilot/Special Other

PRODUCER(S): _____

DIRECTOR: _____ UPM: _____

COORDINATOR: _____ PROD. ACCOUNTANT: _____

GROSS PRODUCTION COST: _____

STORY/SCENARIO: _____

LOCATION OF FILMING: _____

ANY OWNED EQUIPMENT? (IF SO, VALUES AND DESCRIPTION): _____

START DATE: _____ WRAP DATE: _____

NAME OF ATTORNEY: _____ PAYROLL SERVICES: _____

FEDERAL I.D. #: _____

OFFICERS OF CORPORATION (TITLES & OWNERSHIP): _____

PLEASE COMPLETE IN DETAIL AND FAX OR EMAIL BACK TO OUR OFFICE.