



CONTACT SHEET

DATE: _____

FULL NAME OF CONTACT: _____

TITLE (PRODUCER, PROP MASTER, ETC.): _____

CELL NUMBER: _____

OFFICE NUMBER: _____

FAX NUMBER: _____

PRODUCTION NAME: _____

BILLING ADDRESS: _____

EMAIL ADDRESS: _____

FAX NUMBER: _____

ACCOUNTING CONTACT (FULL NAME): _____

ACCOUNTING PHONE NUMBER: _____

ACCOUNTING FAX NUMBER: _____

START DATE OF PRODUCTION: _____

LOCATION OF PRODUCTION: _____

VEHICLE(S) NEEDED: _____

- DOCUMENTS NEEDED:
- SIGNED RENTAL AGREEMENT
 - COMPLETED CREDIT CARD AUTHORIZATION
 - PROOF OF TAX EXEMPT (IF APPLICABLE)
 - CERTIFICATE OF INSURANCE WITH THE FOLLOWING ENDORSEMENT:
MOVIE TIME CARS, INC.
90 PORETE AVENUE
NORTH ARLINGTON, NJ 07031