

CINEMA CAMERA RENTALS

4700 W JEFFERSON BLVD STE 102 LOS ANGELES CA 90016 (323)795-0300 INFO@CINEMACAMERARENTALS.COM

NEW ACCOUNT FORM

CLIENT INFORMATION

PRODUCTION COMPANY (OR INDIVIDUAL): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

COMPANY REPRESENTATIVE: _____ CELL PHONE: _____
(IF NECESSARY)

INDUSTRY REFERENCES

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PROJECT INFORMATION

PRODUCTION TYPE (NARRATIVE, COMMERCIAL, MUSIC VIDEO, ETC): _____

SHOOTING LOCATION (CITY/STATE): _____

NAME OF DP: _____ CELL PHONE: _____