

WARNER BROS. STUDIO FACILITIES

4000 WARNER BLVD.
BLDG. 156N, RM 3240
BURBANK, CA 91522
(818) 954-3334
(818) 954-3752 FAX



Thank you for your interest in Warner Bros. Studio Facilities.

Please ensure the credit application is completed in its entirety. Critical information required is as follows:

- Customer name and billing information
- Customer Email Address
- Federal Tax ID (FEIN Number)
- Dun and Bradstreet account number
- Banking and Trade references
- WBSF Departments to be utilized
- Please read the Terms and Conditions on page 2 and have an authorized agent sign, date, print name and title.

The application will not be processed without the customer information requested above and an authorized signature.

Please fax the completed credit application, with all required information, and a Certificate of Insurance to (818) 954-3752. Please call (818) 954-3436 with any questions regarding the status of your credit application.

Thank you again for your interest in Warner Bros. Studio Facilities. We look forward to being of service to you.



WARNER BROS. STUDIO FACILITIES CREDIT APPLICATION

Correspondence:
4000 Warner Boulevard
Bldg. 156N, RM 3240
Burbank, CA 91522

A/R Customer Service:
(818) 954-3334
Fax (818) 954-3752

Exact Legal Name: (Customer)

Date: DBA:

Street: City: State: Zip:

Telephone: Fax: Federal Tax ID # (TIN):

Billing Address:

City: State: Zip: SSN (If sole proprietor):

Accounts Payable Contact: Phone: Fax:

Contact Email Address:

COMPANY PROFILE:

Check One: Corporation Proprietorship Partnership LLC Other

Date Started: Line of Business:

D&B #: AMOUNT OF CREDIT LINE REQUESTED \$

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

PRINCIPALS/ OFFICERS OR PARTNERS:

1. Name: Title:

2. Name: Title:

BANKING REFERENCE:

Bank: Branch: Contact:

Complete Address:

Account Number: Phone: Fax:

TRADE REFERENCES:

Name 1. Contact Name:

Address:

Phone: Fax: Account#

Name 2. Contact Name:

Address:

Phone: Fax: Account#

Name 3. Contact Name:

Address:

Phone: Fax: Account#



WARNER BROS. STUDIO FACILITIES CREDIT APPLICATION

Exact Legal Name: _____ (Customer)

PRODUCTION INFORMATION:

Name of Department that solicited this Application: _____

Previous business with WBSF as: _____

New Production Title: _____

Feature Television Commercial Special Event Other _____

Departments to be used:

Costume Property Drapery Transportation Post Production

Scenic Art Staff Shop Sign Shop Construction Paint

Operations Set Lighting Grip Special Effects Photo Lab

Production Sound Other _____

Services Requested:

Facility Rentals Repairs Purchase Screening Room

TERMS AND CONDITIONS

- TERMS: Net 30 days from date of invoice. Customer agrees to make payments in full to Warner Bros. Studio Facilities ("WBSF"), a division of WB Studio Enterprises Inc., for all amounts due according to WBSF invoice(s). Should Customer default in any such payment(s), WBSF shall have the right, without notice to Customer, to declare all invoice amounts immediately due and payable. In the event WBSF should commence any action or otherwise seek to enforce these terms and conditions against Customer, Customer agrees to pay reasonable collection and attorney(s) fees, court costs and other related expenses incurred by WBSF, whether or not suit is filed. This agreement is not transferable or assignable by Customer without the prior written consent of WBSF. Any sums payable to WBSF shall be paid within the terms stated above or shall bear interest from the due date, at the then prime rate or the rate at which WBSF is then able to borrow funds, whichever is greater. This Application may be used for any and all WBSF departments regardless of those specifically identified above. Venue for all disputes shall be in the courts sitting in the County of Los Angeles.
Payments are to be mailed to: WBSF - P.O. Box 100579 - Pasadena, CA 91189-0579
The WBSF terms and condition of sales, shall govern all transactions between WBSF and Customer, including any additional terms and conditions that may be provided by any WBSF department.
WBSF reserves the right to decline credit to Customer at WBSF's sole discretion, and, in the event credit is extended to Customer, WBSF reserves the right to change or revoke Customer's credit line on the basis of changes in WBSF's credit policies or Customer's financial condition and/or payment record.
Customer hereby requests WBSF to consider this Application for the purpose of extending credit and authorizes (i) the references listed on this Application to provide all information requested in conjunction with this Application; and (ii) WBSF to investigate Customer's credit information and history as WBSF may deem necessary.

The undersigned hereby certifies that he or she is duly authorized to sign this Application on behalf of Customer, that the information given in this Application is true and correct to the best of his or her knowledge and that the Customer hereby agrees to the foregoing terms and conditions.

Signature: _____ Date: _____

Name Printed: _____ Title: _____

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY)

ISSUE DATE

PRODUCER

YOUR INSURANCE BROKER'S NAME AND ADDRESS

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** YOUR INSURANCE COMPANY

COMPANY LETTER **B** YOUR INSURANCE COMPANY

COMPANY LETTER **C** YOUR INSURANCE COMPANY

INSURED

YOUR NAME AND ADDRESS

SAMPLE

COVERAGE

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECTS TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	GENERAL AGGREGATE \$2,000,000
					PRODUCTS-COMP/OP AGG \$2,000,000
					PERSONAL & ADV. INJURY \$2,000,000
					EACH OCCURRENCE \$2,000,000
					FIRE DAMAGE (Any one fire) \$100,000
	Med. Expense (Any one pers) \$5,000				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	COMBINED SINGLE LIMIT \$2,000,000
					BODILY INJURY (PER PERSON)
					BODILY INJURY (PER ACCIDENT)
					PROPERTY DAMAGE
B	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE \$1,000,000
					AGGREGATE \$1,000,000
C	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	<input checked="" type="checkbox"/> EACH ACCIDENT \$1,000,000
					DISEASE-POLICY LIMIT \$1,000,000
					DISEASE-EACH-EMPLOYEE \$1,000,000
	OTHER Prop, Sets & Wardrobe and/or Misc. Equipment	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	REPLACEMENT COST + DEDUCTIBLE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS

With respect to the operations of the Named Insured, the certificate holder is included as an Additional Insured and Loss Payee as its interest may appear.

CERTIFICATE HOLDER

Warner Bros. Studio Facilities, WB Studio Enterprises Inc., Warner Bros. Entertainment Inc. and their parent, subsidiary and affiliated companies and their employees, agents, officers and directors
4000 Warner Boulevard
Burbank, CA 91522

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)
WB STUDIO ENTERPRISES INC.

Business name/disregarded entity name, if different from above
dba Warner Bros. Studio Facilities

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
4000 Warner Blvd

City, state, and ZIP code
Burbank, CA 91522

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number									
4	7	-	0	9	1	1	4	6	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Dennis Pulson* Date ▶ *1/11/2013*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Warner Bros. Studio Facilities
Costume Design Center

4000 Warner Blvd., Bulding 153 Lower Level
 Burbank, California 91522
 Phone: (818) 954-1297 Fax: (818) 954-3685

Project Information Sheet

Date _____

Production Title _____

Production Type

TV Series TV Pilot Feature
 Video Photo Shoot TV Movie
 Commercial Game Theater

Payment Type

PO Credit Card Facility (WA)
 Cashiers Check / Money Order

Production Company _____

Billing Address _____

City _____ State _____ Zip _____

Billing Contact _____ Phone _____ E-mail _____

Costume Dept. # () _____ Prod Office. # () _____

Designer Stylist

Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone () _____ E-mail: _____

Costume Supervisor _____

Cell Phone () _____ E-mail: _____

Costumer _____

Cell Phone () _____ E-mail: _____

Costumer _____

Cell Phone () _____ E-mail: _____

GL # _____

Shipping Address
 (If different then billing) _____

Fed Ex # _____