

WARNER BROS. STUDIO FACILITIES

4000 Warner Blvd.
Bldg. 156N, Room 4010
Burbank, CA 91522
(818) 954-3334
(818) 954-3752 (F)
Email: WBSFAR@warnerbros.com



Thank you for your interest in doing business with Warner Bros. Studio Facilities.

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

- Customer name, show name, billing address and customer Accounts Payable email address
- Company Federal Tax ID (FEIN Number)
- Experian account number, banking and trade references in the entertainment industry with a valid fax or email address or attach a company credit reference sheet with the information.
 - Unacceptable Trade References: hotels, professional services, payroll services, car rentals, Federal Express, Office Depot, etc.
- Signed application by an authorized agent of the bank, dated, print name and title.
- Certificate of Insurance

The application will not be processed without the customer information requested above and signed by the authorized bank agent.

Please do not send any credit card information with the WBSF credit packet. WBSF A/R does not accept credit card payments nor handles C.O.D. accounts.

Please email the completed credit application and Certificate of Insurance to WBSFAR@warnerbros.com. In the email subject line, please use the following description: **Request for Credit with WBSF – Company Name and Project Name** or fax the information to (818) 954-3752.

If you have any questions regarding the account process or need a status of your account request, please contact us at WBSFAR@warnerbros.com.

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 4010
Burbank, CA 91522

A/R Customer Service:

(818) 954-3334
Fax (818) 954-3752
WBSFAR@warnerbros.com

Production Legal Name: _____

Date: _____ DBA: _____

Street: _____ City: _____ State: _____ Zip: _____

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

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact: _____ Phone: _____ Fax: _____

Contact Email Address: _____

Line of Credit Requested \$ _____

Anticipated Job Total \$ _____ **Total Number of Months** _____

COMPANY PROFILE:

Check One: Corporation Proprietorship Partnership LLC Other

Date Started: _____ Type of Business: _____

Total 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/Phone:** _____

Address: _____

Email: _____ Fax# _____

Name 2. _____ **Contact Name/Phone:** _____

Address: _____

Email: _____ Fax# _____

Name 3. _____ **Contact Name/Phone:** _____

Address: _____

Email: _____ Fax# _____



WARNER BROS. STUDIO FACILITIES CREDIT APPLICATION

Production Legal Name: _____

PRODUCTION INFORMATION:

Name of department that solicited this application: _____

Previous business done with WBSF (show name and/or A/R customer number):

New Production Title: _____

Feature Television Commercial Special Event Other _____

Select Departments To Be Used (Required):

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 Other

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 847250 - Los Angeles, CA 90084-7250
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/yy)

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	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$2,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTR'S PROT.				EACH OCCURRENCE	\$2,000,000
					FIRE DAMAGE (Any one fire)	\$100,000
				Med. Expense (Any one persc	\$5,000	
A	AUTOMOBILE LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	COMBINED SINGLE	\$2,000,000
	<input checked="" type="checkbox"/> ANY AUTO				LIMIT	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER PERSON)	
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (PER ACCIDENT)	
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	
<input type="checkbox"/> NON-OWNED AUTOS						
<input type="checkbox"/> GARAGE LIABILITY						
B	EXCESS LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
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	

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.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. WB Studio Enterprises Inc.</p> <p>2 Business name/disregarded entity name, if different from above Warner Bros. Studio Facilities</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 4000 Warner Blvd.</p> <p>6 City, state, and ZIP code Burbank, CA 91522</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-			-			
or									
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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 1/9/19
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.