



Warner Bros. Studio Operations

Costumes

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Burbank, California 91522
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Project Information Sheet

Date _____

Production Title _____

Season _____

Production Type

Payment Type

TV Series	TV Pilot	Feature	PO	Credit Card	Facility (WA)
Video	Photo Shoot	TV Movie		Cashiers Check	Drawdown
Commercial	Game	Theatre		Anticipated Wrap Date	_____

Production Company _____	Production Office # _____
Billing Contact _____	Billing Contact Phone # _____
Billing Address _____	
City _____	State _____ Zip _____
Billing Contact E-mail _____	

Costume Department Contact Information

Designer / Stylist Name _____ <small>(Select One Option)</small>	<input type="checkbox"/> Allow access to Cloud Check-In Portal
Cell Phone _____	E-mail _____
Address _____	
City _____	St _____ Zip _____
Supervisor / ACD Name _____ <small>(Select One Option)</small>	<input type="checkbox"/> Allow access to Cloud Check-In Portal
Cell Phone _____	E-mail _____
Key / Other Costumer Name _____ <small>(Select One Option)</small>	<input type="checkbox"/> Allow access to Cloud Check-In Portal
Cell Phone _____	E-mail _____

Costume Department / Shipping Address _____ <small>(if different than billing/production office)</small>	
Shipping Carrier Acct # _____	Costume Dept. Phone # _____