



Project Information Sheet

Date _____

Production Title _____

Production Company _____

Production Type

TV Series

Music Video

Commercial

TV Pilot

Feature

Photo Shoot

TV Movie

Theater

Other

Set Decorator Name _____

Cell Phone () _____ Email _____

Buyer Name _____

Cell Phone () _____ Email _____

Accountant Name _____

Office Phone () _____ Email _____

Production Office Address _____

City _____ State _____ Zip _____

Prod Office # () _____ Set Dec Office # () _____

Payment Type

Credit Card

Check Request

Cashiers Check/MO

Cash

Billing Address (If different) _____

City _____ State _____ Zip _____

Billing Contact _____ Phone () _____ Email _____

Please Email a Copy of Your
Certificate of Insurance
to
<orders@gapropsource.com>