



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 _____

Phone _____ Email _____

Buyer Name _____

Phone _____ Email _____

Accountant Name _____

Phone _____ Email _____

Art Department Coordinator _____

Phone _____ Email _____

Production Office Address _____

City _____ State _____ Zip _____

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

Payment Type

Credit Card

Check Request

Billing Address (If different) _____

City _____ State _____ Zip _____

Billing Contact _____ Phone () _____ Email _____

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