



**ADVENTURE COAST, LLC
NEW CLIENT INFORMATION SHEET**

COMPANY/LESSEE/RENTER:		PROJECT NAME:		JOB#	
Company Address:			City	State	Zip
Contact Full Name:			Contact Cell #		
Contact Email:			Fax #:		
Start Date:	End Date:	Start Time:	End Time:		
Location Address:				Gate Code:	
Line Producer's Full Name / Email:			U.P.M.'s Full Name / Email:		
Site/Location Rep Name:			Site/Location Rep Cell #		
Billing Address:			Billing Email:		
Production Type: <input type="checkbox"/> Award Show <input type="checkbox"/> Festival <input type="checkbox"/> Reality Show <input type="checkbox"/> Commercial <input type="checkbox"/> Episodic <input type="checkbox"/> Independent Feature <input type="checkbox"/> Studio (if you checked studio, please specify: _____)					

Equipment and Vehicles:

Please list any equipment you're looking to rent or any site/job specific notes you want us to be aware of

1	
2	
3	
4	
5	
6	

DO YOU NEED DELIVERY & PICKUP? YES NO

IF YES, PREFERRED DELIVERY DATE/TIME: _____ PREFERRED PICKUP DATE/TIME: _____

If you have more equipment questions or requirements please call our office

NOTES: