

SOUTHEAST COSTUME COMPANY

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PRODUCTION INFORMATION

Project Title: _____ Date: _____
() Feature () TV Movie () Series () Commercial () Web () Photo Shoot () Other()
Production Company: _____
Parent Company (if applicable): _____
Pre-pro/prep start: _____ Camera Start: _____ Camera Wrap: _____
Production Manager (UPM): _____ Email: _____
Production Office Address: _____
City: _____ State: _____ Zipcode: _____
Phone: _____

Costume Department

Phone: _____ Email: _____
Costume Designer: _____ Phone: _____
Email: _____
Assistant Costume Designer: _____ Phone: _____
Email: _____
Costume Supervisor: _____ Phone: _____
Email: _____
Costume Coordinator: _____ Phone: _____
Email: _____

List of Authorized Buyers

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Accountant Name: _____ Phone: _____
Email: _____ Dept Phone: _____

REMEMBER TO REFERENCE A PO# ON YOUR ORDERS!

PLEASE LIST ALL EMAILS FOR FINAL BILLING

1. _____ 2. _____
3. _____ 4. _____

Terms are **NET 30 DAYS** from date of invoice.

Accounts more than 30 days past due will incur a 10% late fee per month per invoice on all past due amounts.