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PRODUCTION INFORMATION

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

Costume Department

Department Phone: _____ Department Email: _____

Costume Designer: _____

Phone & Email Address: _____

Assistant Costume Designer: _____

Phone & Email Address: _____

Costume Supervisor: _____

Phone & Email Address: _____

Costume Coordinator: _____

Phone & Email Address: _____

Authorized Buyers/Shoppers Name & Phone

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

Accounting Department

Accountant: _____ Department Phone: _____

Department Email: _____

How will you be paying? () PO# () Credit Card () Check Request () Cash

ACCOUNTS REQUIRING A PO# - NO ORDERS WILL BE RELEASED WITHOUT A PO# ATTACHED TO THE ORDER.

PLEASE LIST ALL EMAILS FOR INVOICES TO BE SENT TO:

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

Terms are NET 30 DAYS from date of invoice.

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

PLEASE PRINT LEGIBLY.