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PRODUCTION INFORMATION FORM

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 the 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.