

OPEN SHOW ACCOUNT FORM

SHOW NAME: \_\_\_\_\_

Tentative Show Dates: \_\_\_\_\_

PRODUCTION:  
COMPANY \_\_\_\_\_  
\_\_\_\_\_

PASS THROUGH:  
(if applicable) \_\_\_\_\_  
\_\_\_\_\_

**WE NEED BY FIRST PICKUP:**

**Certificate of Insurance:** \_\_\_\_\_

**Deposit Check (Deductible on your COI):** \_\_\_\_\_

We would be happy to sign an **ART CLEARANCE FORM** that is generated by your production. We don't provide them. We have individual clearances from artists for each piece of art in the gallery that enables us to release the art to you.

\*Operate on a **10 DAY BILLING CYCLE**. No PO's. Thank you for your prompt payments.

<u>CREW INFORMATION</u>	<u>NAME</u>	<u>PHONE</u>	<u>EMAIL</u>
SET DECORATER:	_____	_____	_____
BUYER:	_____	_____	_____
LEAD MAN:	_____	_____	_____
ACCOUNTING:	_____	_____	_____
ART DEPT COORD:	_____	_____	_____
SET DEC PA:	_____	_____	_____
_____:	_____	_____	_____

NOTES: \_\_\_\_\_