BOX RENTAL

Production Title: _____

Producer: _____

Employee Name: _____

Loan-Out Company: _____

Incorporated: Yes ☐ No ☐ Prov/State of Incorporation: _____

Corporation #: _____ GST/HST #: _____

Phone #: _____ Fax #: _____

Cell #: _____ Pager: _____

Address: _____

(incl. postal/zip code) _____

Position: _____ Dept: _____

Rate: $_____ per *[circle one]* week / day / month

Date Rental Starts: _____

INVENTORY: ***(attach additional pages if necessary)***

ITEM	VALUE

THIS IS A 2-PAGE DOCUMENT.