



## JOB INFORMATION QUESTIONNAIRE

PRODUCTION COMPANY NAME & PHYSICAL ADDRESS:

PRODUCER OR BILLING CONTACT:

NAME:

OFFICE PHONE:

EMAIL:

LOCATION CONTACT: (NAME, CELL PHONE )

NAME:

CELL PHONE:

PROJECT NAME:

SHOOTING LOCATION:

PICK UP or DELIVERY

DELIVERY ADDRESS:

PICKUP/ RETURN DATES:

/

COI or IN HOUSE INSURANCE

PREFERRED PAYMENT METHOD: Credit Card Check Other

7956 W 45th North, Maize, KS 67101 • 316-729-4747 • [neil@kansasgrip.com](mailto:neil@kansasgrip.com) • [kansasgrip.com](http://kansasgrip.com)



## **JOB INFORMATION QUESTIONNAIRE**

EQUIPMENT LIST (If known, if not known, please call we can help)