



## Purchase Order (PO)/Open Account Master Agreement

**Firearm Shipping Policy (Machine Guns, Assault Weapons, Destructive Devices, Short Barrel / Long Barrel Shotguns)**

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|--|---|
| <b><u>Service Provider/Company ("Company"):</u></b><br><br>Independent Studio Services, LLC;<br>Studio Art & Technology LLC; and/or<br>Studio Graphics LLC<br><br><i>*Applicable Company entity dependent on services procured</i>   | <b><u>Company Address:</u></b><br><br>Street: 9545 Wentworth Street<br>City: Sunland<br>State: CA<br>Zip: 91040   |
| <b><u>Production Company/Client ("Client"):</u></b><br><br>Company Name: _____<br><br>DBA: _____   | <b><u>Client Address:</u></b><br><br>Street: _____<br>City: _____<br>State: _____<br>Zip: _____   |
| <b><u>Client Parent Company:</u></b><br><br>Company Name: _____<br><br>or N/A (check with X) <input type="checkbox"/><br><br><b><u>Credit References:</u></b><br><br>(1) Company Name: _____<br>Email: _____<br>Phone: _____<br><br>(2) Company Name: _____<br>Email: _____<br>Phone: _____<br><br>(3) Company Name: _____<br>Email: _____<br>Phone: _____   | <b><u>Client Coordinator:</u></b><br><br>Please provide the following as it applies to Coordinator:<br><br>Name: _____<br>Phone #: _____<br>Email: _____<br><br>Propmaster (check with X): <input type="checkbox"/><br>Name: _____<br>Phone #: _____<br>Email: _____<br><br>Set Decorator (check with X): <input type="checkbox"/><br><br>Name: _____<br>Phone #: _____<br>Email: _____<br>Other (fill in): _____ |
| <b>Show Name:</b> _____<br><b>Job Number:</b> _____<br><b>Please provide the following if it applies to Show:</b><br><br><b>Television Season (enter season):</b> _____<br><br><b>TV Pilot (check with X):</b> <input type="checkbox"/><br><br><b>Feature Reshoot (check with X):</b> <input type="checkbox"/><br><br><b>Classification of Show (e.g. commercial, feature, school project etc.):</b> _____<br><br><b>Estimated wrap date</b> _____ | <b><u>Telephone and Billing Contact:</u></b><br><br><b>Work/Production:</b> _____<br><b>Cell:</b> _____<br><b>Accounting:</b> _____<br><br><br><b>Accounting Email (billing):</b> _____   |

9545 Wentworth St., Sunland, CA 91040 | P: 818 / 951 / 5600 | F: 818 / 951 / 2850 | E: accounts@issprops.com



## **Services**

\_\_\_\_\_ (“Client”) is engaging Company to provide certain prop (“Prop”) rental, purchase, design and/or manufacturing services (collectively, the “Services”).

## **Rental Deposit**

A security deposit (if required by Company) shall be an amount equal to Client’s insurance deductible or the replacement value of the Props being rented, whichever is less. Deposits will be refunded only once all Props have been returned, and all loss/damage and open invoices have been paid. For rentals up to two weeks: Deposit checks for up to two weeks rentals will be held in Company’s accounting office until all Props are returned and any loss/damage charges have been paid. If the rented Props stay out beyond the original two-week rental period, the check will be deposited, and Client will be required to provide an additional deposit check. For credit card deposits, Client’s deposit amount will be authorized, with all holds being dropped after the Props have been returned and loss/damage charges have been paid. If the rented Props stay out longer than the original rental period, Client’s credit card will be charged the deposit. Deposits for all orders lasting longer than two weeks will be automatically deposited/charged.

## **Accepted Payment & Cancellation Policy**

Company accepts business checks, credit cards (American Express, MasterCard, Visa, Discover Card), cashier’s checks and money orders. Personal checks will not be accepted. Returned checks are subject to a \$25.00 service fee. If paying by credit card, Client must complete a “Credit Card Authorization Form” to complete this PO Account Agreement. Unless Company is notified by Client, a valid PO number must accompany any order placed, or Company will not release the item(s). When an additional PO is required by Client for subsequent week rentals, it is Client’s responsibility to provide Company with new PO numbers. The fully executed Credit Authorization Form is incorporated as if fully set forth herein. A minimum of twenty-four (24) hours’ advance written notice to: [cancel@issprops.com](mailto:cancel@issprops.com) is required to cancel a rental order. Rental orders cancelled with less than twenty-four (24) hours’ notice will be billed to the payment method on file for the full amount. Purchase orders are non-cancellable and non-refundable unless otherwise agreed by the Parties in writing.


## **Applicable Terms & Conditions**

**CLIENT’S RENTAL ORDER IS SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE PROP LEASE/RENTAL AGREEMENT STANDARD TERMS & CONDITIONS PUBLISHED ONLINE AT THE FOLLOWING LINK: [HTTPS://ISSPROPS.COM/PROPS/RENTAL-STANDARD-TERMS-CONDITIONS/](https://issprops.com/props/rental-standard-terms-conditions/) (THE “RENTAL T&CS”); CLIENT’S PURCHASE ORDER IS SUBJECT TO THE TERMS AND CONDITIONS SET FORTH IN THE PROP PURCHASE AGREEMENT STANDARD TERMS & CONDITIONS PUBLISHED ONLINE AT THE FOLLOWING LINK: [HTTPS://ISSPROPS.COM/PROPS/PURCHASE-STANDARD-TERMS-CONDITIONS/](https://issprops.com/props/purchase-standard-terms-conditions/) (THE “PURCHASE T&CS”). THE RENTAL T&CS AND PURCHASE T&CS ARE INCORPORATED INTO THIS PURCHASE ORDER MASTER AGREEMENT (THE “MASTER AGREEMENT”) AS IF FULLY SET FORTH HEREIN, AND BY SIGNING BELOW CLIENT AGREES TO BE BOUND BY THE RENTAL T&CS AND/OR THE PURCHASE T&CS. IF THERE IS A CONFLICT BETWEEN THE TERMS OF THIS MASTER AGREEMENT, THE RENTAL T&CS OR THE PURCHASE T&CS, OR A PURCHASE OR RENTAL ORDER, THE ORDER OF CONTROL SHALL BE AS FOLLOWS: (1) THIS MASTER AGREEMENT; (2) THE RENTAL T&CS OR THE PURCHASE T&CS; AND (3) THE RENTAL OR PURCHASE ORDER TERMS.**

## **Firearm Shipping Policy**

Company will not accept Client-generated shipping labels for the shipping of Firearms or Blank Ammunition. Firearm shipping labels must be prepared in accordance with federal, state and local laws. Client must provide their Fed-Ex or UPS account number to Company for shipment. Keep in mind UPS will not ship Machine Guns/NFA Firearms. If Client does not have shipping account numbers, Company will use its account number and invoice the shipping charge to Client. If Client is being billed though an LLC, sales tax will be applied from that state if applicable, or, if tax exempt, no tax will be added. For direct billed Clients, no sales tax will be applied.



**FedEx**#\_\_\_\_\_  #\_\_\_\_\_ or Direct Bill: ☐

BY SIGNING BELOW, I REPRESENT AND WARRANT THAT I AM AUTHORIZED TO SIGN ON BEHALF OF AND BIND CLIENT, THAT I AM AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CLIENT, AND THAT I HAVE READ THE RENTAL T&Cs AND/OR PURCHASE T&CS, WHICH ARE INCORPORATED AS IF FULLY SET FORTH HEREIN. I FURTHER REPRESENT AND WARRANT THAT I AM AUTHORIZED TO USE THE CREDIT CARD AND BANK ACCOUNT ON FILE FOR THIS ACCOUNT.

**Production Company/Client Name:**\_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**



# Rating Inquiry on Entertainment Account

## TO

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## FROM

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

## RE

Account No: \_\_\_\_\_

We have requested the extension of credit from Independent Studio Services. Please accept this memorandum as your authorization to provide all relevant information regarding our banking practices including the age of the account, average balances, delinquencies or checks written on insufficient funds.

We agree to hold the bank and its employees harmless for any injury or claim arising from the release of any confidential information. Thank you for your prompt response to this request. Please contact our office with any questions.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Date Account Opened: \_\_\_\_\_

Average High Balance: \_\_\_\_\_

Returned Checks: \_\_\_\_\_

Comments: \_\_\_\_\_

Name of Bank Officer: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please send this inquiry back to Account Coordinator at [accounts@issprops.com](mailto:accounts@issprops.com) as soon as possible in order to complete their investigation of our credit application.