



GREENSLATE

150 West 30th Street, Suite 405
New York, NY 10001
212.206.1724 Tel
212.206.1070 Fax

WEEKLY BOX RENTAL FORM

PRODUCTION COMPANY: _____

PROJECT TITLE: _____

EMPLOYEE: _____ S.S.#: _____

LOAN OUT: _____ FED ID: _____

ADDRESS: _____

TELEPHONE: _____ POSITION: _____

RENTAL RATE: _____ PER DAY PER WEEK (select one)

RENTAL PERIOD: _____ #of days:

TOTAL \$ _____

INVENTORY: (Attached additional pages If necessary)

EMPLOYEE SIGNATURE: _____ DATE: _____

PRODUCER SIGNATURE: _____ DATE: _____