

TVC CLEANERS

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CLIENT ORDER FORM

FAX TO: 818-504-2828

Name of Production: _____

Name of Project: *Please check* ✓

TV Show Feature Commercial Pilot

Movie of the Week Movie Other _____

Start Date: _____ **Estimated End Date:** _____

▪ **Mailing Address:** _____

City: _____ **Zip Code:** _____

▪ **Billing Address:** _____

City: _____ **Zip Code:** _____

▪ **Wardrobe Designer:** _____

Phone# _____

▪ **Wardrobe Supervisor:** _____

Phone# _____

▪ **Additional Contact Person:** _____

Phone# _____

▪ **Special Instructions:**

