

## **PSA/ SPEC/ABETTED SPOTS**

## **REQUEST FORM**

PRODUCTION COMPANY:	
JOB NAME:	
EXECUTIVE PRODUCER:	
PRODUCER:	
PRODUCTION MANAGER:	
SHOOT DATES:	
may not be included):	SA/Spec/Abetted Spot Guidelines & Eligibility to determine what
ncorporated and/or T5 Syndicate harmless of any and all claim	
	ated Standard Terms and Conditions for Vehicle and Equipment Rentals.  y will be supported with a PSA/Spec/Abetted day unless the
<ul> <li>The Executive Producer must sign the request</li> <li>Any request must be approved and signed be</li> <li>All accounts must be in good standing, not be</li> <li>All equipment (including sub-rentals from an any charges invoiced will be paid within 30 ce</li> </ul>	by Ross McLean directly.  be in arrears.  ny company or person) must be Supplied by AE.
This request has been submitted and approved	by:
EXECUTIVE PRODUCER	AFFILIATED EQUIPMENT
PRINT NAME:	PRINT NAME:
DATE:	DATE:

<sup>\*</sup>failure to fully abide by the listed terms will negate Affiliated Equipment's consent to supply gear at zero or reduced cost and equipment may be charged at regular rates.