



CLIENT DETAIL FORM

Please Note: **This is NOT a Credit Application Form.** The Magic Lightbox operates on a strict C.o.D policy for both clients and suppliers without exception. For legal and Insurance purposes we **will** require proof of your address and a copy of your ID/Passport with this completed and signed form **BEFORE** any services may be provided to you. Please arrange your timing around the requirements above and ensure we have received the documentation we require **on time**. **NOTE: We shall in no way be held responsible for late crew/equipment or on late call times on set due to delays when collecting Equipment.**

REGISTERED NAME: _____

REGISTRATION/I.D NUMBER _____ VAT REGISTRATION NUMBER: _____

CONTACT NAME: _____ I.D/PASSPORT NUMBER: _____

PHYSICAL ADDRESS: _____
_____ CODE: _____

POSTAL ADDRESS: _____ CODE: _____

LANDLINE TELEPHONE NUMBER: _____ CELL NUMBER: _____

ALTERNATIVE CONTACT NAME, NUMBER AND ADDRESS (COMPULSARY) _____

MEMBERS/DIRECTORS **FULL** NAME(S), EMAIL ADDRESS AND **ALL** CONTACT NUMBERS AND PHYSICAL ADDRESSES:

PERSON(S) RESPONSIBLE FOR MAKING PAYMENT(S); NAME, EMAIL ADDRESS AND **ALL** CONTACT NUMBERS

*We do NOT accept cheques. Payment may be made via Credit or Debit MasterCard, Visa or DinersClub, or via Electronic Funds Transfer. **PRE-PRINTED EFT/ONLINE BANKING RECEIPTS ARE NOT ACCEPTABLE AS PROOF OF PAYMENT.** Any direct payments must have cleared into our account. Please allow for any clearance periods within your shooting timeframe. NO services will be provided unless payment has **CLEARED** into our banking account, unless payment has been made by card on our premises.*

Please be aware, and make your ENTIRE crew aware that absolutely NO equipment must be loaded onto or into open backed or open vehicles of any nature, as well as side cars, or back packs, open seating, within view, or near broken windows or windscreens. All items will be excluded by our Insurers in the event of a claim, and YOU will be liable for the full replacement cost of each item plus possible loss of earnings.

Thus done and signed in _____ on this the _____ day of _____ in the year 20 _____

Full Name: _____

Signature: _____

I, the signatory that appears above declare that I am of legal age and have the authority to complete and sign this form, herein guaranteeing all information to be true and correct. Furthermore, I declare that payment(s) shall be made on presentation of invoice, with or without an order number, and that all Terms and Conditions have been accepted.