

Filmorder

Please order at least 4 weeks in advance.

For further administration we would like to ask you to fill out this form sheet completely and send it back to us.

Title of film	Format	Screening date

Invoice recipient

Customer number:	
Name / Institution:	
Contact person:	
Street:	
Address:	
Phone:	
Mobil:	
Fax:	
E-Mail:	
VAT-No.:	

Address of delivery (if different)

Name / Institution:	
Street:	
Address:	
Phone:	
Do you have your own carrier? (please note carrier name and your account number)	
Delivery or pick-up times	

Notes concerning the event

Name of organizer	
Co-organizer (if any)	
Location of the event (address)	
Number of seats	
Character of the event (Festival, open-air, screening with live-music, etc.)	
Entrance fee	
Number of admission tickets which will be sold	

We have read and accepted the conditions of hire.

Date

Name in blockletters

Signature and company stamp