



## FILM ACCESS AUTHORIZATION FORM

Customer: \_\_\_\_\_

Agreement: # \_\_\_\_\_

1. Name: \_\_\_\_\_  
(Print)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Print)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_  
(Print)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_  
(Print)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_  
(Print)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

6. Name: \_\_\_\_\_  
(Print)

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

*If you have additional authorized persons, please attach their information on company letterhead. Please be as thorough as possible, this authorization will supersede any previously authorized persons unless you specifically state otherwise.*

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_