

WARNER BROS. STUDIO OPERATIONS

4000 Warner Blvd.
Bldg. 156N, Room 4010
Burbank, CA 91522
(818) 954-3334
(818) 954-3752 (F)
Email: WBSFAR@wbd.com



Thank you for your interest in doing business with Warner Bros. Studio Operations.

Please ensure the credit application is completed in its entirety. Critical information required is as follows:

- Customer name, show name, billing address and customer Accounts Payable email address
- Company Federal Tax ID (FEIN Number)
- Experian account number, banking and trade references in the entertainment industry
With a valid fax or email address or attach a company credit reference sheet with the information.
 - Unacceptable Trade References: hotels, professional services, payroll services, car rentals, Federal Express, Office Depot, etc.
- Signed application by an authorized agent of the bank, dated, print name and title.
- Certificate of Insurance

The application will not be processed without the customer information requested above and signed by the authorized bank agent.

Please do not send any credit card information with the WBSO credit packet. WBSO A/R does not accept credit card payments nor handles C.O.D. accounts.

Please email the completed credit application and Certificate of Insurance to WBSFAR@wbd.com. In the email subject line, please use the following description: **Request for Credit with WBSO – Company Name and Project Name** or fax the information to (818) 954-3752.

If you have any questions regarding the account process or need a status of your account request, please contact us at WBSFAR@wbd.com.

Thank you again for your interest in Warner Bros. Studio Operations. We look forward to being of service to you.



WARNER BROS. STUDIO OPERATIONS CREDIT APPLICATION

Correspondence:

4000 Warner Boulevard
Bldg. 156N, RM 4010
Burbank, CA 91522

A/R Customer Service:

(818) 954-3334
Fax (818) 954-3752
WBSFAR@wbd.com

Production Legal Name:

Date: DBA:

Street: City: State: Zip:

Telephone: Fax: Federal Tax ID # (TIN):

Billing Address:

City: State: Zip:

Accounts Payable Contact: Phone: Fax:

Contact Email Address:

Line of Credit Requested \$

Anticipated Job Total \$ Total Number of Months

COMPANY PROFILE:

Check One: Corporation Proprietorship Partnership LLC Other

Date Started: Type of Business:

Total Annual Sales: \$ Net Worth: \$ # of Employees:

PRINCIPALS/ OFFICERS OR PARTNERS:

1. Name: Title:

2. Name: Title:

BANKING REFERENCE:

Bank: Branch: Contact:

Complete Address:

Account Number: Phone: Fax:

TRADE REFERENCES:

Name 1. Contact Name/Phone:

Address:

Email: Fax#

Name 2. Contact Name/Phone:

Address:

Email: Fax#

Name 3. Contact Name/Phone:

Address:

Email: Fax#



WARNER BROS. STUDIO OPERATIONS CREDIT APPLICATION

Production Legal Name: _____

PRODUCTION INFORMATION:

Name of department that solicited this application: _____

Previous business done with WBSO (show name and/or A/R customer number): _____

New Production Title: _____

Feature Television Commercial Special Event Other _____

Select Departments To Be Used (Required):

Costume Property Drapery Transportation Post Productions
Scenic Art Staff Shop Sign Shop Construction Paint
Operations Set Lighting Grip Special Effects Photo Lab
Production Sound Other _____

Services Requested: Facility Rentals Repairs Purchase Screening Room Other

TERMS AND CONDITIONS

- TERMS: Net 30 days from date of invoice. Customer agrees to make payments in full to Warner Bros. Studio Operations ("WBSO"), a division of WB Studio Enterprises Inc., for all amounts due according to WBSO invoice(s). Should Customer default in any such payment(s), WBSO shall have the right, without notice to Customer, to declare all invoice amounts immediately due and payable. In the event WBSO should commence any action or otherwise seek to enforce these terms and conditions against Customer, Customer agrees to pay reasonable collection and attorney(s) fees, costs and other related expenses incurred by WBSO, whether or not an action is filed. This agreement is not transferable or assignable by Customer without the prior written consent of WBSO. Any sums payable to WBSO shall be paid within the terms stated above or shall bear interest from the due date, at the then prime rate or the rate at which WBSO is then able to borrow funds, whichever is greater. This Application may be used for any and all WBSO departments regardless of those specifically identified above. Venue for all disputes shall be in the County of Los Angeles.
Payments are to be mailed to: WBSO - P.O. Box 847250 – Los Angeles, CA 90084-7250
The WBSO terms and condition of sales, shall govern all transactions between WBSO and Customer, including any additional terms and conditions that may be provided by any WBSO department.
WBSO reserves the right to decline credit to Customer at WBSO's sole discretion, and, in the event credit is extended to Customer, WBSO reserves the right to change or revoke Customer's credit line on the basis of changes in WBSO's credit policies or Customer's financial condition and/or payment record.
Customer hereby requests WBSO to consider this Application for the purpose of extending credit and authorizes (i) the references listed on this Application to provide all information requested in conjunction with this Application; and (ii) WBSO to investigate Customer's credit information and history as WBSO may deem necessary.

The undersigned hereby certifies that he or she is duly authorized to sign this Application on behalf of Customer, that the information given in this Application is true and correct to the best of his or her knowledge and that the Customer hereby agrees to the foregoing terms and conditions.

Signature: _____ Date: _____

Name Printed: _____ Title: _____



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: YOUR INSURANCE BROKER'S NAME AND ADDRESS
INSURED: YOUR ENTITY NAME AND ADDRESS (MUST MATCH ENTITY ON CONTRACT)
CONTACT NAME, PHONE, FAX, E-MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #

COVERAGES CERTIFICATE NUMBER: 10822 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability.

ALL ITEMS IN RED BOXES ARE REQUIRED

POLICY LIMITS MAY VARY, CHECK YOUR CONTRACT FOR SPECIFIC REQUIRED AMOUNTS FOR ALL TYPES

PROFESSIONAL LIABILITY E&O (Design Professionals ONLY) SEE CONTRACT FOR DETAILS

"THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSUREDS UNDER THE GENERAL LIABILITY AND AUTO LIABILITY POLICIES (INCLUDING UMBRELLA/EXCESS) AS THEIR INTERESTS MAY APPEAR BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED."

CERTIFICATE HOLDER: WARNER BROS. STUDIO OPERATIONS; WB STUDIO ENTERPRISES INC.; WARNER BROS. ENTERTAINMENT INC.; ... CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

VERBATIM

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. WB Studio Enterprises Inc.		
	2 Business name/disregarded entity name, if different from above DBA: Warner Bros. Studio Operations		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____		Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 4000 Warner Blvd		Requester's name and address (optional)
	6 City, state, and ZIP code Burbank, CA 91522		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	7	-	0	9	1	1	4	6	0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 01/26/2024
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.