

## WARNER BROS. STUDIO OPERATIONS

4000 Warner Blvd.  
Bldg. 156N, Room 4010  
Burbank, CA 91522  
(818) 954-3334  
(818) 954-3752 (F)  
Email: [WBSOAR@warnerbros.com](mailto:WBSOAR@warnerbros.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)
- Bank 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 Credit 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. Processing time for a complete credit packet is five to seven days. Credit packet should include the credit application, credit sheet, if applicable, and certificate of insurance. Any missing item in the packet may delay processing time.***

***For security reasons please do not submit credit card information with your credit application. All Credit card related transactions are handled by the departments directly.***

Please email the completed credit application and Certificate of Insurance to [WBSOAR@warnerbros.com](mailto:WBSOAR@warnerbros.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 [WBSOAR@warnerbros.com](mailto:WBSOAR@warnerbros.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  
WBSOAR@warnerbros.com

**BILLING INFORMATION**

**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: \_\_\_\_\_

**BANK REFERENCE**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Contact: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TRADE REFERENCES**

Name 1. \_\_\_\_\_ **Contract Name/Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax# \_\_\_\_\_

Name 2. \_\_\_\_\_ **Contract Name/Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax# \_\_\_\_\_

Name 3. \_\_\_\_\_ **Contract Name/Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fax# \_\_\_\_\_



WARNER BROS. STUDIO OPERATIONS CREDIT APPLICATION

Production Legal Name: \_\_\_\_\_

New Production Title: \_\_\_\_\_

Feature Television  Commercial  Special Event  Other  \_\_\_\_\_

PRODUCTION INFORMATION

Department that Solicited Application: \_\_\_\_\_

Previous Business with WBSO: Y N Show Name and/or AR Customer #: \_\_\_\_\_

Select Departments to be Used (Required):

- Costume  Property  Drapery  Transportation  Post Production 
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, court costs and other related expenses incurred by WBSO, whether or not suit 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 courts sitting 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: \_\_\_\_\_

# CERTIFICATE OF INSURANCE

Issue date (mm/dd/yy)

**ISSUE DATE**

PRODUCER  
  
**YOUR INSURANCE BROKER'S NAME  
AND ADDRESS**

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

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** YOUR INSURANCE COMPANY

COMPANY LETTER **B** YOUR INSURANCE COMPANY

COMPANY LETTER **C** YOUR INSURANCE COMPANY

INSURED  
**YOUR NAME AND ADDRESS**

**SAMPLE**

**COVERAGE**

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 RESPECTS 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$2,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$2,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTR'S PROT.				EACH OCCURRENCE	\$2,000,000
					FIRE DAMAGE (Any one fire)	\$100,000
				Med. Expense (Any one pers)	\$5,000	
A	AUTOMOBILE LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	COMBINED SINGLE LIMIT	\$2,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (PER ACCIDENT)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS						
<input type="checkbox"/> GARAGE LIABILITY						
B	EXCESS LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$1,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
C	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	<input checked="" type="checkbox"/>	
					EACH ACCIDENT	\$1,000,000
					DISEASE-POLICY LIMIT	\$1,000,000
					DISEASE-EACH EMPLOYEE	\$1,000,000
	OTHER Prop, Sets & Wardrobe and/or Misc. Equipment	YOUR POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	REPLACEMENT COST	

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL TERMS**

With respect to the operations of the Named Insured, the certificate holder is included as an Additional Insured and Loss Payee as its interest may appear.

**CERTIFICATE HOLDER**

Warner Bros. Studio Operations, WB Studio Enterprises Inc., Warner Bros. Entertainment Inc. and their parent, subsidiary and affiliated companies and their employees, agents, officers and directors  
4000 Warner Boulevard  
Burbank, CA 91522

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,

AUTHORIZED REPRESENTATIVE

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://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.

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC

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.

Other (see instructions) ► \_\_\_\_\_

C Corporation

S Corporation

Partnership

Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (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**

		-										
--	--	---	--	--	--	--	--	--	--	--	--	--

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<b>Sign Here</b>	Signature of U.S. person ►	<i>Karin Wright</i>	Date ►	4/2/2020

## 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](http://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.*