



**Universal City Studios**  
**Property Department**  
 100 Universal City Plaza, bldg 8166  
 Universal City, CA 91608  
 (818)777-2784 - Fax (818) 866-1543  
 email: universal.property@nbcuni.com  
 website: props.universalstudios.com

**RENTAL / LABOR  
 AGREEMENT**

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<b>DATE:</b>
Set Decorator Name & Title:
E-Mail:
Address:
City, State, Zip Code
Phone:
Assistant's Name, # & E-Mail:

Prod Title:
Purchase Order #
Prod. Type: Feature, Comm, TV, Web, Other _____ (Circle one or explain)
Production Company:
Address:
City: State Zip
Prod Co Contact's Name & Title:
Phone:
E-Mail:
Expected Wrap:
RENTER HEREBY ACKNOWLEDGES AND AGREES THAT STUDIO PROVIDES ALL ITEMS ON AN "AS IS" BASIS. THE STUDIO IS NOT A DEALER, DOES NOT MAKE ANY REPRESENTATION, WARRANTY OR COVENANT WITH RESPECT TO THE CONDITION OF THE ITEM(S) IN ANY RESPECT OR ITS FITNESS FOR ANY PARTICULAR USE, OR ANY OTHER REPRESENTATION, WARRANTY OR COVENANT EXPRESS OR IMPLIED.
RENTER ACKNOWLEDGES THAT THE ITEMS RENTED HAVE THE VALUE AS STATED ON THE INVENTORY SHEETS, AND THAT IN THE EVENT THAT ANY ITEMS ARE LOST OR DESTROYED TO THE EXTENT THAT SUCH ITEMS CANNOT (IN STUDIOS'S SOLE OPINION) BE UTILIZED, RENTER AGREES TO PROMPTLY PAY TO STUDIO THE STATED VALUE OF ANY SUCH LOST OR DESTROYED ITEMS.
RENTER AGREES TO PAY TO STUDIOS THE REPLACEMENT COST OF ANY ITEM WHICH IS DAMAGED TO THE EXTENT IT CANNOT (IN STUDIO'S SOLE DISCRETION) BE USED AGAIN. ACCORDINGLY, SHOULD ANY ITEM BE LOST, STOLEN OR DESTROYED TO THE EXTENT THAT IT CAN NO LONGER BE IDENTIFIED THEN RENTER SHALL BE DEEMED TO HAVE AGREED TO PAY SAID ITEM AT 3 TIMES THE VALUE AS SET FORTH ON THE INVENTORY SHEET(S)

**RENTAL POLICIES:**

- **Weekly rentals -minimum rental fee is \$40.00.**
- It is strictly prohibited to paint or alter any item without prior authorization.
- Deposit is required for non-credit approved jobs.
- Hold tags must not exceed five (5) working days for the third floor and a maximum of ten (10) for all other departments, due to space limitations.
- Minimum of ten (10) items are required in order to hold a cart.
- Any items returned without proper padding will have an automatic \$100.00 charge in addition to damages.
- Restocking fee: 20% of rental rate will be applied to all cancelled orders.
- Damages must be reported to the personnel and recorded in the system before leaving the dock.
- All loss & damage items will be charged at 3 times the replacement value.
- Director approvals are 24 hours Monday through Thursday only.

**X**  
 BY EXECUTION OF THIS DOCUMENT, RENTER HEREBY ACKNOWLEDGES ITEM(S) NOTED ON THE INVENTORY SHEET(S) RECEIVED BY RENTER, FROM TIME TO TIME, PURSUIT TO THE AGREEMENT WHERE RECEIVED IN SATISFACTORY CONDITON. FURTHER, RENTER AGREES TO BE BOUND BY THE RENTAL TERMS AND CONDITIONS CONTAINED ON THIS DOCUMENT, AND AGREES THAT THE PERSON SO EXECUTING THIS DOCUMENT IS DULY AUTHORIZED TO BIND RENTER TO ALL SUCH TERMS AND CONDITIONS SET FORTH HEREIN ABOVE.

<b>FOR OFFICE USE ONLY</b>

<b>DEPOSIT INFO:</b>

# NBCUniversal

STUDIO OPERATIONS

## CREDIT CARD AUTHORIZATION FORM

Deposit

Rental

Purchase

Project Name:

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Company:

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Authorized users /

Item Pick Up:

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I authorize Universal City Studio, LLC and the marked departments to charge my credit card for the total payment, deposit, any outstanding rentals, extended rentals, labor, sales, losses, and/or damage charges for the project specified above. Charge amounts are listed on a separate invoice. I agree to pay in accordance with the card issuer agreement.

Costume Department

Set Lighting, Grip, & Mac Tech

Editorial Facilities

Stages & Backlot

Production Office Services

StudioPost

Property / Drapery

Transportation

Graphic Sign

Other: \_\_\_\_\_

A copy of this form must be submitted to each department marked above by the Card Holder or Authorized users.

### CREDIT CARD INFORMATION:

Name:  
(as appears on card)

Type of Card:

Master Card

Discover

American Express

Visa

Card Number:

Expiration Date:

(MM/YY)

Security Code:

Billing  
Address:

Billing Zip  
Code:

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Card Holder's Email Address

\_\_\_\_\_  
Card Holder's Telephone Number

NO ALTERATIONS TO THIS CONTRACT WILL BE HONORED

This information will not be made available to the public. It is the responsibility of the individual/Company to notify the billing office when a credit card is canceled or revoked.