

# ZIPPORAH FILMS, INC. RENTAL AGREEMENT

Please use the following form to request a rental. This rental agreement must be emailed to [orders@zipporah.com](mailto:orders@zipporah.com), faxed to (617) 864-8006, or mailed to Zipporah Films, Inc., One Richdale Ave., Unit 4, Cambridge, MA 02140. If you have any questions, email or call us at (617) 576-3603.

FILM(S)	FORMAT*	DATE(S)	RENTAL FEE	ADMISSION CHARGED?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*16mm and 35mm print rentals must also fill out a **Loan Venue form**.

Purchase Order # if applicable: \_\_\_\_\_

TYPE OR PRINT CLEARLY

## CONFIRM TO

Name  
Title, Department, Venue  
Address

Email  
Phone

## BILL TO (if different from above)

Name  
Title, Department, Venue  
Address

Email  
Phone

## SHIP TO

Name  
Title, Department, Venue  
Address

Email  
Phone

**Courier / Account number:**

**Preferred shipping method:**

*I will be personally responsible for fulfilling obligations in regard to this rental. I am responsible for this film from the moment it leaves the Zipporah Films office until its return delivery. I will screen the film under the conditions specified above. I will not loan, reproduce in any manner, or televise the film. Per Zipporah Films Damage Policy (as it is stated on the ZFI website), I will be responsible for any damages incurred to the film. I will return it immediately after screening via a trackable, insured, and signature required method. I understand a late fee of \$50 per day will be assessed for the delayed return of a film.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date