

ZIPPORAH FILMS, INC. RENTAL AGREEMENT

Please use the following form to request a rental. This rental agreement must be faxed to Zipporah Films at 617.864.8006 or mailed to Zipporah Films, Inc., One Richdale Ave., Unit 4, Cambridge, MA 02140. If you have any questions call us at 617.576.3603.

FILM(S)	16mm / DVD / Other (please indicate)	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

PURCHASE ORDER #: _____

CONFIRM TO

Name, Title, Department:

Address:

Address:

Telephone/Fax:

Email:

SHIP TO

Name, Title, Department:

Address:

Address:

Telephone/Fax:

BILL TO

Name, Title, Department:

Address:

Address:

Telephone/Fax:

Instructor (if applicable)

Name, Title:

Dept., Course title:

Address:

Address:

Email:

I will be personally responsible for fulfilling obligations in regard to this rental. 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 brochure and website), I will be responsible for any damages incurred to the film print. I will return it immediately after screening, insured, via FEDEX, UPS, or TNT. I understand a late fee of \$25/day will be assessed for the delayed return of a film.

Authorized signature: _____ Print name, title, dept.: _____