YOUR PRODUCTION COMPANY
Contact information

DEAL MEMO

This confirms our agreement for you to provide services rendered as an independent contractor:

Name: _____ SS/Fed ID#: _____

Address: _____ Phone #: _____

_____ Cell #: _____

_____ Dates Of Shoot: _____

Rate (per day) : _____ Estimated # of days: _____

Project Title: _____

Position: _____

Upon completion of work, please submit invoice to [YOUR PRODUCTION COMPANY], Address.

Contractor must notify Producer or Production Manager in advance if total number of days to be billed will exceed estimated number of days and approval must be granted in writing for any overages.

Accepted & Agreed:

CONTRACTOR: COMPANY:

Name: _____ Name: _____

Date: _____ Date: _____

This Agreement is not subject to any collective bargaining and Company is not a party to any collective bargaining agreements which might be applicable to the type of services furnished or rendered herein.