SONY PICTURES ENTERTAINMENT, INC. CREDIT DEPARTMENT – JIMMY STEWART 2237 10202 W. WASHINGTON BLVD. CULVER CITY, CA 90232-3195

Telephone 310-244-7180 studio_finance_ar@spe.sony.com

Billing Details: Project Name/Title: _____ Season Number, if applicable ____ Date: ____ Billing Address: City ____State____Zip Code _____ Accounts Payable Contact Name : ______Phone: _____ Fax:_____E-Mail:___ **Company Information**: Responsible Company/Legal Name: Company Permanent Address: City: State: Zip: Phone: Fax: Website: Company Profile Check One: Corporation Proprietorship Partnership LLC Other Date Started: Line of Business PROJECT ESTIMATED AMOUNT (must be filled out): \$_____ Name of Sony Entity/Department that solicited this application: **TERMS AND CONDITIONS:** All payments are to be mailed to: **Sony Pictures** Bank of America File #54715 Los Angeles, CA 90074-4715 The undersigned agrees to pay all invoices within Sony Pictures Entertainment's (SPE) standard terms of Net 30 days. All past due invoices are subject to collection and/or legal action if any sum is not paid on or before the subject due date thereof. The prevailing party will be reimbursed for reasonable attorney's fees and costs of collection on any past due bill, regardless of whether judicial action is undertaken. The undersigned agrees that jurisdiction and venue for any dispute under this contract are proper in Los Angeles County, State of California. If required, the undersigned agrees to supply SPE, on a confidential basis, full disclosure of financial condition (Financial Statements).

Signatory hereby AUTHORIZES and REQUESTS SPE to consider this application for the purpose of extending credit.

Date:

Signature/Title:

PO required with every new service ordered