



**Eastern Costume Company
Uniform Warehouse**
7243 Coldwater Canyon Ave
North Hollywood, CA 91605

**Eastern Costume Company
Civilian Warehouse**
7239 Coldwater Canyon Ave
North Hollywood, CA 91605

Telephone: (818) 759-0715
Fax: (818) 982-1905
Email: rentals@easterncostume.com
Website: www.easterncostume.com

RENTAL AGREEMENT

PRODUCTION OFFICES, FITTING ROOMS, STORAGE CAGES

SHOW NAME: _____

PRODUCTION COMPANY: _____

Reserved By: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Activity: _____

Rental / Start Date*: _____ Completion Date**: _____

* Start Date includes decoration / set up day. ** Completion date includes clean up time. Facilities must be cleaned and vacated by close of business day.

SELECT A FACILITY (one week minimum rental for offices and cages)

Office #4 (14' x 14')	\$300 per week	\$100 Deposit
Office #5 (17' x 14')	\$350 per week	\$100 Deposit
Office #7 (13' x 18')	\$350 per week	\$100 Deposit
Office #8 (Sewing Room) (18' x 20')	\$375 per week/ \$425 w/ Sewing Machines	\$100 Deposit
Office #9 (15' x 13')	\$350 per week	\$100 Deposit
Office #10-11 (9.6' x 12'3")	\$275 per week	\$100 Deposit
Office #12-13 (10' x 17')	\$300 per week	\$100 Deposit
Large Fitting Room (for non-office renters)	\$150 for 4 hours	\$100 Deposit
Small Fitting Room (for non-office renters)	\$100 for 4 hours	\$100 Deposit
Common Area	\$200 per week	\$100 Deposit
Cage #5-11 (10' x 40' – 69' of adjustable piping)	\$300 per week	\$100 Deposit

My signature below indicates that I understand and agree to all the terms and conditions stated herein, and certify that all of the information I have provided is correct. I agree to exercise care and safety in the use of the office(s) and/or fitting room(s) and hold harmless Eastern Costume from all liability and medical expenses resulting from the use of the offices(s) and/or fitting room(s). I further agree to pay in advance any fees associated with this rental request. Damage to the premises will be assessed before and after rental takes place. Any new damage will be taken out of the deposit.

ABSOLUTELY NO PETS AND NO SMOKING

Signature of Responsible Party

Print Name and Title

Date

FOR OFFICE USE ONLY

<u>Amount Owed</u>	<u>Date Paid</u>	Refund to: _____
Rental Fee	Deposit: \$250	Address: _____
_____ Weeks x	Rental: _____	_____
_____ Rate =	Cleaning/Damage/Key Deposit: \$150	Date Refunded: _____
_____ Rental Fee	TOTAL: _____	Refund Amount: _____
Supervisor: _____	_____	Date Confirmed: _____