

SWANK MOTION PICTURES EXHIBITION REQUEST FORM

Contact Information		
Organization Name:	Contact Name:	
Title:	Department:	
Organization Phone Number:	Secondary Phone Number:	
Email Address:		
Organization Mailing Address	Billing Address:	Shipping Address: <i>(if renting a DVD from Swank please provide a shipping address)</i>

Payment Information		
Are you PO required? Yes No	Are you tax exempt? * Yes No	Name as it appears on the card: Card Number:
Please select your preferred method of payment: Check Credit Card One-Time Charge		Exp. Date (mo/yyyy) Card billing zip code: Save card on file to auto charge future orders

Additional Event Details		
Are you charging admission or suggesting a donation for the event?	Yes No	If so, how much?
Anticipated crowd size:	Anticipated number of cars:	
Screening Location:	Indoor Drive In	Outdoor Blankets/chairs
Reason for screening:		

Requested Movies					
Movie Title	Date of Screening	Do you need Swank to provide a rental DVD or Blu-ray for an additional \$30 round-trip S&H or will you provide your own?			Name and Address of Screening Location
		DVD	Blu-Ray	Own Copy	
		DVD	Blu-Ray	Own Copy	
		DVD	Blu-Ray	Own Copy	

Terms and Conditions	
Please check the boxes to acknowledge that you have read and accept the terms	
<input type="checkbox"/>	COVID-1 PANDEMIC RESTRICTIONS - You are fully aware and in compliance of the current shelter in place, stay at home, isolation or quarantine orders for your State, County and City in the area and date in which your screening is planned to take place. You are also aware of your local restrictions in regard to essential and non-essential businesses. Swank assumes no responsibility in ensuring the compliance of your organization or screenings as it relates to the state and local shelter in place orders.
<input type="checkbox"/>	Cancellations - Notification of a change or cancellation must be given at least 10 business days prior to your event. If an unforeseen circumstance (i.e. inclement weather, equipment malfunction, etc) prevents you from hosting your event you have up to one year in which to reschedule the same movie at no additional licensing fees. Notify your Account Executive the following business day so they can note the last minute cancellation on your account. Please note that the invoice is due at the time of your original show date.

	<p>Advertising - If you are hosting a drive in event, we ask that you refrain from using the term “drive in” in your advertising. Some alternate recommendations include “Carpool Cinema” and “Wheels and Reels”. You are permitted to use the studio approved artwork provided by Swank Motion Pictures. These images can be accessed on our website. Please note that these images may not be edited or altered and must include the copyright symbol and studio name. We encourage you to inform your organization’s members and patrons via on premise posters, emails and private mailings. Advertising through media such as radio, television or newspaper is prohibited. Promotions by means of a lighted sign, billboard or marquee that can reasonably be seen by the general public may not include the name of the movie. If this policy is violated or your screening becomes openly competitive with a commercial theater, your screening(s) maybe cancelled without notice.</p>
	<p>Moratoriums - It is understood that in rare instances it may be necessary for a Studio, in its sole discretion, to withdraw a movie from exhibition. In the event of a withdrawal you may substitute for an alternate title or cancel the event without obligation to Swank Motion Pictures.</p>
	<p>Admission Charges or Suggested Donations- If you are charging admission for the event, the total cost of the licensing will be quoted rate versus 50% of your ticket sales whichever is greater. You must submit an audience report, including number of tickets sold, ticket price and total box office within 48 hours of your event.</p>
	<p>Payment – Advanced payment is required prior to your screening in order for your license to be valid. If admission is being charged for your event, a credit card must be kept on file and any applicable box office overages will be automatically be charged. <i>* If you are tax exempt please provide a copy of your state tax exemption certificate.</i></p>

Authorized Signature: _____

Printed Name: _____ Date: _____

*Complete and return to your Account Executive
Via fax: 314-909-0879 or email:*