



Steve Bizenov
30 W. 22nd Street, 5W
New York, NY 10010

PCA Cover Sheet

TO: Harris, Tanya FROM: Steve Bizenov
COMPANY NAME: Short Films DATE: 7/9/09
FAX NUMBER: FAX NUMBER: (646)638-7737
PHONE NUMBER: 44 (0) 7970 815 136 PHONE NUMBER: 917-305-8309
RE: Payroll Conformation Agreement TOTAL NUMBER OF PAGES INCLUDING COVER: 6

We are pleased that you have chosen Media Services to serve your payroll needs. We're committed to providing you the BEST Service. Please let us know if our service ever falls short of your expectations.

In order to get your account started we need four things from you:

- 1. Complete and sign the Payroll Conformation Agreement.
2. Complete the Corporate/Banking Information Sheet.
3. Certificates of Insurance naming FSI Processing, Inc. and Power Payroll, Inc. and Staff Payroll Services as Additional Insured as per the Payroll Confirmation Agreement which is attached.

Please fax all to me at (212) 366-9398. Please send the originals by mail.

Your start-up materials and your formal Personnel Services Agreements will arrive in separate packages.

Please call me if you have any questions. Besides the office # above, I can also be reached by cell phone .

# Payroll Confirmation Agreement

**Company:** Short Films

**Contact:** Harris , Tanya  
97-99 Dean Street

**Address:** London, W1D 3TE

**Description:** Union & Non-Union & Talent Payroll

**Payroll Service Fee:** 2% of Gross Wages – Crew  
5% of Gross Wages – Extras (Talent)  
\$10.00 per check – Corporations

**Payroll Taxes & Workers' Comp. Ins.:** As per current rate sheet.

**Union Fringes:** As per current contracts.  
Certified Check Exchange, Deposit or Wire

**Credit Terms:** Transfer.

## Service Schedule

<b>Project Name:</b>	Short Films
<b>Type of Production:</b>	Commercial
<b>Length of Production:</b>	
<b>Location:</b>	
<b>Terms:</b>	Certified Check Exchange, Deposit or Wire Transfer.

Applicable Agreement	Signatory	Services (Payroll/Residuals)	Start Date
SAG			
DGA			
WGA			
IATSE BA			
IATSE LOCAL			
TEAMSTER 399			
TEAMSTER			
AFM			
AFTRA			

### Non-Union Information for Power Payroll, Inc.

<b>Personnel Payroll</b>			
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We understand that we will need to supply proof of our liability insurance in the form of a Certificate of Insurance for general public liability and bodily injury and property damage in a minimum amount of \$1,000,000 per occurrence and \$1,000,000 in aggregate, naming **FSI Processing, Inc.** and **Power Payroll, Inc.** and **Staff Payroll Services** as additional insured on the policy. Under the "General Liability" box you need Commercial General Liability and Occurrence needs to be checked. Under the "Automobile Liability" the Hired Autos and Non-owned Autos needs to be checked.

Please sign and date this confirmation where indicated and return to: Sukhi Pabla – Media Services. Our standard Personnel Service Agreement will be prepared and forwarded to you for your signature. In order for FSI Processing, Inc. and Power Payroll, Inc. to process your payroll, we require the executed Personnel Service Agreement between your company and FSI Processing, Inc. and Power Payroll, Inc.

***Agreed and accepted by:***

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Name/Title: (Please Print)

\_\_\_\_\_  
Date:

# Client Corporate & Banking Information

Name: Short Films

Address: 97-99 Dean Street

City/State/Zip: London, W1D 3TE

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Other: \_\_\_\_\_

Parent Co.: \_\_\_\_\_

State Corp. ID: \_\_\_\_\_ Fed Tax ID: \_\_\_\_\_

Date & State of Incorporation: \_\_\_\_\_

## ***Principals/Corp. Officers:***

Name:	Title:

## ***Production/Company Affiliation:***

Company Name:	Contact Name:	Phone #:	Title:

## ***Bank Reference:***

\_\_\_\_\_ Branch: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Bank Officer: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**Business References:**

Name:	Address:	Phone #:	Fax #:

MEDIA SERVICES IS AUTHORIZED TO CONTACT THE ABOVE CREDIT REFERENCE FOR VERIFICATION.

**Authorized by:**

Signature: \_\_\_\_\_ Name/Title: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Activity: \_\_\_\_\_ Est. Per Payroll: \_\_\_\_\_

Weekly/Bi-Monthly

**Signatory to Union Contracts:**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**List Contracts:**

Union/Local:	Signatory Name:	Expiration Date:

Computer Info – Platforms: Mac \_\_\_\_\_ Win 95 \_\_\_\_\_ Win 3.1 \_\_\_\_\_ Other \_\_\_\_\_

Software: Accounting: \_\_\_\_\_ Bidding: \_\_\_\_\_

Dates: Pre Prod: \_\_\_\_\_ Prin. Photo: \_\_\_\_\_ Wrap: \_\_\_\_\_

Shooting on: Film: \_\_\_\_\_ Tape/Digital: \_\_\_\_\_

***THE ABOVE INFORMATION WILL BE HELD IN THE UTMOST CONFIDENCE.***

## Authorization To Release Information

You are hereby authorized to request all necessary credit information from the references given on this credit application to assist in your extension of credit to the undersigned.

The said persons bank and companies are hereby authorized and directed to release such information to you upon request.

In the event that you receive a photocopy of this authorization, it should be treated as an original and the requested information should be released.

**Date:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_