

**Film-Makers' Cooperative**  
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**6th Floor**  
**New York, NY 10016**

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**Billing Information**

Institution: .....  
 Contact Name: .....  
 Address: .....  
 .....  
 City, State, Zip: .....  
 Telephone: .....  
 Fax: .....  
 Email: .....  
 Number of Showings: .....  
 Show Date(s): .....

**Shipping Information**

Institution: .....  
 Recipient Name: .....  
 Address: .....  
 .....  
 City, State, Zip: .....  
 Telephone: .....  
 Fax: .....  
 Email: .....  
 Preferred Service:  
 FedEx Express:  
 FedEx Account No.: .....  
 UPS Ground  UPS Expedited  
 UPS charges will appear on your invoice

Pay By:

Visa Cardholder \_\_\_\_\_

Mastercard Account # \_\_\_\_\_ Exp. \_\_\_ / \_\_\_

Invoice Me PO # \_\_\_\_\_

Date	Title	Artist	Format	Price