

RNK Productions New Customer Application

General Information:

Company: _____ Phone: _____

Name: _____ Fax: _____

E-mail: _____ Transcript E-mail: _____

Billing Address: _____

City: _____ St: ____ Zip: _____

Preferred Payment Method:

Cash Check Money Order Credit Card (via PayPal)*

*A 3% charge will be applied to all PayPal payments. This is to cover the transaction fee that PayPal issues.

If you would like to open a credit account with RNK Productions, please fill out the supplied Credit Application completely and submit with this form. Creating a credit account will allow you to have a 30 day billing period instead of the 14 day period for non-account customers. This is recommended if you think you will be submitting orders on a continuous or semi-continuous basis.

Checks and money orders can be made payable to RNK Productions. A W-9 form can be supplied upon request from accounting.

New Applicant Agreement:

After reading the Transcription Information Packet, you understand and agree to all the terms and policies set forth by RNK Productions. Signing below holds you and your company liable for funds due to RNK Productions for services rendered.

Should payment not be made by the due date stated on the invoice, a 2% late fee will be assessed and payment will be due immediately.

By signing below, I understand and accept the above agreement and have read, understand and accept all the information provided in the Transcription Information Packet.

Signature

Date

Print Name

Title

Mail, fax or drop off this form to: RNK Productions. 12022 1/2 Guerin Street. Studio City, CA 91604.
Phone: 818.760.4913 Fax: 818.760.4908 E-mail: Info@RNKproductions.com

RNK Productions Credit Application

If you already have this information on a form, please just supply that in lieu of filling out this application.

Company Information

Company Name: _____ Billing Address: _____
Parent Company (if applicable) _____
Phone: _____ Fax: _____

Accounting Information

Accounting Manager: _____ Phone: _____
Fax: _____ Email: _____
Purchase Orders Required? _____ Send invoices to _____

Bank Reference

Bank Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Account Number: _____ Type of Account: _____

Trade References

Company _____	Company _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Company _____	Phone _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

Signing below means you've read and agree to all terms set forth in RNK Productions' Transcription Information packet. Your signature below authorizes release of the above information to RNK Productions for credit purposes only. This information is held in the strictest confidence.

Signature

Date

Print Name

Title

Mail, fax or drop off this form to: RNK Productions. 12022 1/2 Guerin Street. Studio City, CA 91604.
Phone: 818.760.4913 Fax: 818.760.4908 E-mail: Info@RNKproductions.com

RNK Productions Transcription Order Form

Standard turnaround time for transcription delivery is typically 48 hours. Deadlines can only be guaranteed with a prior arrangement made over the phone or by email. Please review our Transcription Information packet thoroughly before submitting order. Additional charges may apply for "Non-Standard Transcriptions." Refer to our Rate Sheet for complete details.

General Information

Show Title: _____ Purchase Order # (if any): _____
Segment Title (if any): _____ Contact: _____
Production Company: _____ Phone Number: _____

Tape Drop-off Date and Time: _____

Transcription Due Date and Time: _____

Standard 48-hour turnaround (please call for availability)

Expedited Rates

I needed it yesterday! (within 6 hours) +200%
I need it now! (under 12 hours) +100%
I need it tomorrow. (13 – 24 hours) +50%
I need it tomorrow afternoon. (25 – 36 hours) +25%
I need it very soon. (overnight, next morning) +75%
I need it on the weekend or a holiday. + 50%

The Specifics

Number of Tapes: _____
Format: VHS Audio
 Other _____
Timecoding: Yes No
B-Roll: Yes No
If Yes: General or Thorough*
Interviewer questions: No Paraphrased Verbatim

Instructions (if any): _____

Transcript Delivery Methods: (File type: PC Mac)

- E-mail (Address: _____)
 Hard Copy
 3.5 Floppy Disk
 CD-ROM*
 Fax* (Number: _____)

*Additional fees may apply. One set of hard copies OR 1 floppy disk is complimentary upon request only.

Please completely review our Transcription Information Packet before submitting order. Should you have any questions or would like more clarification regarding rates, fees or services, don't hesitate to call!

Signature

Date