



Film Office

# CREDITS AGREEMENT

I \_\_\_\_\_ am duly authorized to represent \_\_\_\_\_  
(First and Last Name – Please Print) (Production Company Name – Please Print)

and agree to provide the following to the San Bernardino County Film Office:

- One (1) copy of the finished product in one of the following formats:
  - DVD for motion (i.e. feature, TV, video, commercial, etc.)
  - CD and/or PRINT COPY for stills (i.e. digital photos, issue of magazine, issue of catalog, etc.)
- Acknowledgement through the film credits for portions shot in the County of San Bernardino. This includes, but is not limited to:
  - Feature Films
  - TV
  - Documentaries
  - Videos (all types)
  - Short Films
  - Student Productions
- The Acknowledgments shall be given as follows:
  - San Bernardino County Film Office

\_\_\_\_\_  
Permittee Signature

\_\_\_\_\_  
Permittee Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Production Company Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Cell Phone Number