



## Artery Props

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Create a work of art with Artery Props

# Affidavit of Loss Form

Please Fax to:  
(818) 351-7899

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

The following is(are) no longer in my possession because it(they) was(were) lost, stolen or destroyed.

Quantity	Product Name/Description	Product Type

Job Name: \_\_\_\_\_

Company: \_\_\_\_\_

Billing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

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

By signing this form I acknowledge that I am an authorized representative of the aforementioned company. I also understand that the items listed above will under no circumstances be used again or I will be in direct violation of U.S. copyright law. I further understand that the copyrighted designs I have rented were licensed to the individual person/company listed above for a one-time use only and any subsequent duplication or redistribution is strictly prohibited and is punishable by law. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.