



43 Rose Brooke Circle
White, GA 30184

-
- * Print this form
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 - * Email: admin@LicenseJazz.com

DATE: _____

YOUR NAME: _____

COMPANY: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____

FAX: _____

E-MAIL: _____

WEBSITE: _____

TITLE OF YOUR PROJECT: _____

RELEASE DATE: _____

DESCRIPTION OF USE: _____

DURATION OF MUSIC: _____

TERRITORY: _____

REQUESTED MASTER(S):

ARTIST	SONG TITLE

(Example *E.M.P. Project* "Wherever We Go")

**THE INTENDED USE OF THE MASTER FOR YOUR PROJECT IS...
PLEASE CIRCLE ALL THAT APPLY:**

SYNC: yes no

(If yes, please circle intended use) **Television, Video, Theatrical Trailer, Motion Picture**

(If yes, please provide your proposed fee) \$ _____

(If yes, please provide your proposed budget) \$ _____

ON-LINE (World Wide Web): yes no

MULTIMEDIA: yes no

If yes, please explain: _____

ON A COMPILATION CD: yes no

If yes, please provide: Proposed Royalty Rate: _____

Advance (if any) _____

Method of Distribution: _____

Sales List Price _____

UPC # of product _____

NOT-FOR-PROFIT: yes no

FOR-PROFIT: yes no

If yes, please explain: _____

EDUCATIONAL: yes no

OTHER USE: *(please explain)* _____

FOR MORE INFORMATION PLEASE CONTACT:

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43 Rose Brooke Circle
White, GA
admin@LicenseJazz.com

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