

MASTER RECORDING LICENSE REQUEST FORM

Print, complete, fax/email this form Attn: Licensing Director fax:3234667588. email: fafp@faceafaceprod.com

Your Details

Date	
Requestor	
Company	
Address	
Contact	
Phone 1	
Phone 2	
Fax	
Email	

Requested Master Recording(s)

Artist	Track Title	Album Title	Duration of use in work

Intended Use

Project Title	
Release Date	
Requestor is: (Check One)	
Film/TV Network	<input type="checkbox"/>
Commercials Agency	<input type="checkbox"/>
Multimedia/Game Company	<input type="checkbox"/>
Educational/online website	<input type="checkbox"/>
Museum	<input type="checkbox"/>
Other (fill up description cell)	

Description

Fees and terms (fill as applicable)	Internal Use
Suggested Retail Price	
Number of tracks	
Unit Guarantee	
Method Of Sale	
Term	
Territory	
Royalty Rate	
Advance Fee	

Notes