

Audio Addiction Music License Request Form

(Please use one application per project title)

Billing Information

Company Name:

Attn:

Phone:

Email:

Address:

City:

State:

ZIP Code:

Licensee Information (if different from client)

Company Name:

Attn:

Phone:

Email:

Address:

City:

State:

ZIP Code:

Production Information

Project title:

Production length:

Client name:

Production Type (Commercial, program, etc.)

Air date/ Start date:

Your Job #:

Your P.O. #

Duration of music:

Territory:

Misc./ Comments:

For Broadcast Programs:

Please check applicable

Free TV/ Basic Cable:

Premium Cable:

Pay Per View TV:

Radio/ Sat Radio:

Internet:

All broadcast media:

For Commercials/ Promos/ PSAs:

Ad Agency:

Spot name(s):

Use:

Worldwide:

National

Regional:

Local:

Internet:

Term:

In perpetuity:

1-year

13-weeks:

Other:

AD-ID#:

Lifts?:

Tags?:

How many?:

Notes:

First line of copy:

For Non Broadcast Uses:

Please check applicable boxes:

In House Use:

DVD:

CD:

Corporate Video:

Internet:

Videogame:

Software:

Music Track Used:

ALBUM #

Track

Title of Composition:

of Uses:

NOTES:

Audio Addiction Music Library

12400 Connery Way, Bakersfield, CA 93312 Tel: (661) 338-4749 / www.audioaddictionmusic.com

Please scan and email this form to michael@audioaddictionmusic.com within 7 days of production completion.