

Classic Garage Rock Library

Master and Synchronization License Request

Date of Request: _____ Your Name: _____ email: _____

Company Name: _____

Address: _____

Phone # _____ Cell Phone # _____

Type of Request (check all that apply):

Motion Picture Television Show Documentary

Commercial Advertising Background Instrumental Other _____

Production Title: _____

Brief Synopsis: _____

Master & Artist: _____

Type of Use (Check all that apply):

Background Vocal Visual Vocal Instrumental Other _____

Term: _____ Territory: _____ Number of Uses: _____

Duration of Use(s): _____ Media: _____

Scene Description of Use: _____

_____ Genre (Comedy, Drama, etc.): _____

Producer: _____ Writer: _____ Director: _____

Main Cast Members: _____

Other Music/Songs: _____

Project Budget: _____ Release Date: _____ Proposed Fee: \$ _____

EMAIL, MAIL completed form to: dave@classicgaragerock.com

Classic Garage Rock Library, 14715 Bestor Blvd., Pacific Palisades, CA 90272

Phone: 818 943-6171