



LICENSE REQUEST

P.O. Box 1214
Phone: (310) 200-4448
Fax: (310) 943-3553
E-mail: info@cadiummusic.com

Date: _____

Synch ____ Master ____ Synch&Master ____

Name: _____

Company: _____

Production Co.: _____

Song Title: _____

Artist: _____

Master: _____

Writer(s) _____

Publisher(s) _____

Music Budget: _____

Advertising/Film/
Television Title/
Episode #: _____

Advertising Product: _____

Release/Air Date: _____

Scene Description: _____

Type of Use: _____

Length of Use: _____

Number of Uses: _____

Media Rights/Options: _____

Term Length: _____

Territory: _____

Synch Quote: _____

Master Quote: _____

Title Credit
(To be filled out by Cadium Music)

Cue Sheet
(To be filled out by Cadium Music)

Additional Notes: _____

Signed for and on behalf of Cadium Music

Licensee

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____