



Master and Synchronization License Request

Date of Request: _____

Your Name: _____

email: _____

Company Name: _____

Address: _____

Phone # _____ Fax # _____ Cell Phone # _____

Type of Request (check all that apply):

- Motion Picture Television Show Documentary
 Commercial Advertising Background Instrumental Other _____

Production Title: _____

Brief Synopsis: _____

Requested song: _____

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 or FAX completed form to: info@trioagarufa.com

Trio Garufa, PO Box 460306, San Francisco, CA 94146, Fax: 415 664 1126