

Synchronization License Request

PLEASE READ

In order to process the volume of requests we get, priority will be given to those forms that are easily legible and entirely filled in. For more information on licensing, please read the links on our website (www.wixenmusic.com). They are very helpful and written to make this process easier for you.

Date of Request _____ Your Email _____

Your Name _____ Company Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

| | | | |
|--------------------------------------|---|--|-----------------------------|
| Type of Request (<i>check box</i>) | Motion Picture <input type="checkbox"/> | Film Festival <input type="checkbox"/> | TV <input type="checkbox"/> |
| Video/DVD <input type="checkbox"/> | Commercial Advertising <input type="checkbox"/> | Other _____ | |

Production Title _____

Brief Synopsis _____

Song Title _____

Writer(s) _____

Publisher(s) _____ Parody Lyrics Yes No (*If yes, attach parody lyrics*)

Master / Re-recording / Cover Artist (*Circle One*) Artist _____

| | | |
|---------------------------------------|--|--|
| Type of Use (<i>check box</i>) | Background Vocal <input type="checkbox"/> | Background Instrumental <input type="checkbox"/> |
| Visual Vocal <input type="checkbox"/> | Visual Instrumental <input type="checkbox"/> | Other _____ |

Number of Uses _____ Duration of Use(s) _____

Territory _____ Term _____ Media _____

Scene Description of Use _____

Proposed Fee \$ _____

Genre (*Comedy, Drama, etc.*) _____ Budget _____

Producer _____ Writer _____ Director _____

Main Cast Members _____ Release Date _____

Other Music/Songs _____

| | |
|--|----------------|
| Once this form is complete please MAIL to: | Or FAX to: |
| Wixen Music Publishing, Inc. | (818) 591-7178 |
| 24025 Park Sorrento, Suite 130 | |
| Calabasas, CA 91302 | |

Please allow 10-14 business days to process your request before following up.