

Phantom Audio Premium Music Clearance Form
48 West 25th Street, NY, NY 10010
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Date: _____

About the Client

Client: _____ Product being advertised: _____

Licensor (If different from Client): _____

Project title: _____

Primary point person: _____ Email address: _____

Phone # _____ Fax #: _____

Company name: _____

Mailing address: _____

Accounts payable contact: _____ Email address: _____

(If different from the Primary point person)

Phone # _____ Fax #: _____

Mailing address if different from above:

About the Music

Song(s) _____

Original Artist _____

Re-recording: Yes No Change of lyrics: Yes No

If changing lyrics please attach proposed change.

Title of CD/Source material _____ Record Label: _____

About the Campaign & Spot – CREATIVE

Radio TV Web Other _____

Production Deadline: _____ Estimated date of first use: _____

Storyboard Yes (If yes, please attach if possible) No

If Storyboard is not available please describe concept of spot: _____

Script Yes (If yes, please attach if possible) No

If Script is not available please describe concept of spot: _____

Total Running Time (TRT) of longest spot _____

of cut-downs and/or derivatives _____

Language(s) _____

About the Campaign & Spot – DISTRIBUTION - EXPLOITATION

Total music budget (range): _____

Media (External and Internal): _____

Total media-buy (\$) _____

Media-buy per media (\$) _____

Term _____

Territory _____

If web based: # of sites, URL's, home page, banner ad, rich media? _____
