

CLIP REQUEST FORM

REQUESTORS INFORMATION:

Program _____
Prod. Co. _____
Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
Email _____

OFFICIAL USE ONLY:

PENDING: _____
 IN PROCESS
 DATE COMPLETED:

LEGAL APPROVAL:

APPROVED
 DENIED
TERMS: _____

FEDEX DHL UPS

Shipping #: _____

BETA OTHER
 VHS Notes: (vis tc, split track, etc.) _____

REQUESTED CLIP INFORMATION:

Series: _____
Episode #: _____
Clip Desc: _____
Due Date: _____

REQUESTED CLIP USAGE / LICENSE INFORMATION:

Airdate: Tapedate:
Media: _____
Territory: _____

LICENSEE INFORMATION: (if not same as above)

Name _____ Phone _____
Address _____
City/State _____
Email _____

Proposed Use of Clip: