



tel. 954.347.2486 fax 954.916.6236 / TA# 1013

CLIENT NAME		PHONE	
ADDRESS			
CITY	STATE	ZIP	
PRODUCT/DEPT.	STUDIO/CLIENT		ATT OF
E-MAIL	FAX		

Terms to Client:

Rates are for session fees only. Payment due, Net 30 days. Past due sums subject to 1.5% per month (18% per annum) interest. Client shall be liable for all expenses incurred by agency on collection process.

Use of model's likeness for purposes other than the specific use authorized herein prohibited without prior agency clearance. No packaging, billboards, posters, magazine covers, hang tags or other display without agency prior clearance. The above work has been completed. The fee is correct. The above work has been completed. The fee is correct.

Client's Signature

MODEL

NAME			
CODE		DATE	
RATE	TIME FROM	TO	AMOUNT
OVERTIME	TIME FROM	TO	AMOUNT
RELEASE VALID UPON PAYMENT IN FULL			TOTAL SUBJECT TO SERVICE CHARGE

Model's Authorization & Release:

In consideration of the sum stated herein, I, _____ hereby sell, assign and grant the above named client the right and permission to copyright and/or publish photographic portraits of picture of me, in which I may be included in whole or in part or composite, for the following purposes:

For the period terminating _____ months from the date hereof.

I hereby waive my right to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith. I HEREBY RELEASE AND DISCHARGE the above client from any liability arising from any blurring, distortion, alteration, optical illusion or use in the composite from that may occur in the taking or processing of my photograph, or in connection with the use of my photograph for the purposes authorized herein. Alteration, optical illusion or use in the composite from that may occur in the taking or processing of my photograph, or in connection with the use of my photograph for the purposes authorized herein.

Model's Signature

WHITE: OFFICE COPY • YELLOW: CLIENT'S COPY • PINK: MODEL'S COPY



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