

tel. 954.347.2486 fax 954.916.6236 / TA# 1013

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PRODUCT/DEFT.		STUDIO/CLIENT		ATT OF		
E-MAIL			FAX			
Terms to Client: Rates are for session f. 1.5% per month (18% incured by agency o Use of mode herein prohibited wi posters, magazine a clearance. The above work has be	per annum) n collection p i's likeness for thout prior a covers, hang e work has be	interest. Clie rocess. purposes othe igency clears tags or othe en completes	or than the spance. No per display viril the fee is c	oble to secific ackag vithout	for all expen use authori ing, billboar agency p	zec
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CLIENT tel. 954.347.2486 fax 954.916.6236 / TA# 1013 HAME ADDRESS CITY | STATE | DP FRODUCT/DEPT. | STUDIO/CLIENT | ATT OF

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.

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Model's Authorization & Release:

In consideration of the sum stated herein, I,

hereby self, 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	month	s 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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ADDRESS		
CITY	STATE	21#
PRODUCT/DEPT.	STUDIO/CLIENT	ATT OF
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