



## Master Use / Synchronisation License Request Form

Note: simply hover over each field for guidelines and data entry instructions.

### Contact information

Date

Phone

Full Name

Email

Company Name

VAT Number

Position / Job Title

Invoicing Party  
if applicable

Address

Invoicing Address  
if applicable

Are you a student?    no    yes

Faculty Name

Faculty Address

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### Track information

Song Title	Artist/Composer	Album	Publisher <small>if different from Erased Tapes Music Publishing</small>	Record Label <small>if different from Erased Tapes Records</small>
1				
2				
3				
4				
5				
6				

## Licensing information

Project Title

Territory

Project Type

Term

Length of Music

Commencing on

Context of Use

Production Budget

Exclusivity required?      no      yes

Proposed Fee

Media

Preview Link

Synopsis/Cast

Scene/  
Use Description

Venue/Capacity  
if applicable

Ticket price

Additional  
Information