



Synchronization License Request

Date _____

LICENSEE INFORMATION	
Name/Company	
Address	
City, State, Zip Code	
Phone	
Fax	
Email	

SONG INFORMATION	
Song Title	
Writer	Publisher/Administrator

PROJECT INFORMATION	
Type of Request	<input type="checkbox"/> TV <input type="checkbox"/> Motion Picture <input type="checkbox"/> Advertisement <input type="checkbox"/> Video/DVD <input type="checkbox"/> Video Games <input type="checkbox"/> Other: _____
Type of Use	<input type="checkbox"/> Background Vocal <input type="checkbox"/> Background Instrumental <input type="checkbox"/> Visual Vocal <input type="checkbox"/> Visual Instrumental <input type="checkbox"/> Other: _____
Parody Lyrics:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach parody lyrics
Master/Re-recording/Cover (Check One)	<input type="checkbox"/> Master Recording <input type="checkbox"/> Re-recording <input type="checkbox"/> Cover If Master, List Artist Name: _____

Production Title	
Brief Outline of Project	
Scene Description of Use:	
Number of Uses:	Duration of Use(s):
Media:	Proposed Fee: \$ _____
Territory:	Term:
ADDITIONAL PRODUCTION INFORMATION	
Genre (Comedy, Drama, etc.)	
Budget:	\$
Release Date:	

Please complete all applicable fields.
Once this form is complete, please mail or fax this form to:
Serving You Musically, Inc.
P.O. Box 5321
New York, NY 10185
Phone: (212) 591-1113
Fax: (212) 591-6803