


CLIP REQUEST FORM

REQUESTOR INFORMATION

Program _____

Prod. Co. _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

E-mail _____

OFFICIAL USE ONLY

PENDING _____

IN PROCESS _____

DATE COMPLETED _____

LEGAL APPROVAL

APPROVED DENIED

TERMS

REQUESTED FORMAT

DIGITAL TAPE File/Tape _____

1080i 720p NTSC Specs _____

DELIVERY

FTP/DOWNLOAD LINK SHIP

FTP/Acc# _____

REQUESTED CLIP INFORMATION

Series _____

Episode _____

Clip Desc.

Due Date _____

REQUESTED CLIP USAGE/LICENSE INFORMATION

Air/Event Date _____ Tape/Edit Date _____

Media/Terms

Web URL _____

Territory

LICENSEE INFORMATION Check if same as above

Name _____ Phone _____

Address _____

City/State/Zip _____

E-mail _____

PROPOSED USE OF CLIP