

>> MUSIC CLEARANCE REQUEST FORM

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Please fill out this form and return by email attachment along with music to review to: swilbur@musiodata.com
NOTE: All information is kept confidential.

Date (MM/DD/YY):			
Name:	Company:		
Street Address:	City:	State/Region:	Postal Code:
Telephone #:	EMAIL:		
RUSH REPORT? Yes ☐ No ☐			
I CERTIFY THAT IF THIS GROUP OR SINGER, OR IF SOMETHING ELSE, I WILL CHECK HERE:	I HAVE BEEN	ASKED TO CREATE	MUSIC SIMILAR TO
IF A REFERENCE TRACK PARTY APPROACHED FO			
ANY SAMPLES USED MUS SAMPLES HAVE BEEN US			RMATION HERE: IF NO
MUSIC TO BE CLEARED (1	LIST TITLE(S), T	IME (TV/R) OR OTHE	ER IDENTIFIERS:
CLIENT: PRODUCT:			
AGENCY:			
MUSIC COMPANY:			
SEND BILL TO:			
ADDRESS:			
OTHER COMMENTS:			
BY CHECKING THIS BOX, I C TO THE BEST OF MY KNOW		THE ABOVE INFORMA	TION IS TRUE AND CORRECT
UNLESS INVOICE IS TO BE P APPLICABLE FEES FOR SER	VICES RENDERE		