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Application for License

Record Company / Applicant Address Details:

Name of Company: _____
Applicant Name: _____
Address: _____

Postal code: _____
Tel: _____
Cell: _____
Fax: _____
Email: _____

Manufacturer: _____
Address: _____

Postal code: _____

Contact person: _____
Tel: _____
Fax: _____
Email: _____

Distributor Name : _____
Contact Person: _____
Tel: _____
Fax: _____
Email: _____

Name of Artist or Group : _____

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