

BOURNE CO. QUESTIONNAIRE FOR VIDEO GAMES

Client Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Contact: _____

Song Title: _____

Writer(s): _____

Production Title: _____

Media Requested (Formats):

Internet Use (i.e., download, streaming):

Territory Requested: _____

Dates Requested (Term): _____

Initial
Release Date: _____

Type of Use (i.e., background vocal, background instrumental, etc.):

Length of Use (MM:SS): _____

Master Recording Information (i.e., Artist, original recording, etc.):

Number of Units in the
Initial Manufacture: _____

Music Budget: _____

A synopsis of the production must be submitted with your request. License must be executed and fees paid in full before any use is made of the song.

Return completed form by Fax or E-Mail to:

Bourne Co.
5 West 37th Street
6th Floor
New York, NY 10018
Fax: (212) 391-4306

bourne@ournemusic.com