

DATE _____
 MODEL NAME: _____
 MODEL SSN#: _____
 ADDRESS: _____
 CITY & STATE: _____

HOURS: _____ TO: _____
 TRAVEL: _____ AMOUNT: _____



940 Lincoln Road
 Suite 202
 Miami Beach, FL 33139
 Tel: 305.674.9881
 Fax: 305.674.9224
 T.A. #0000774

MODELS AUTHORIZATION & RELEASE:

In Consideration of the receipt of the fee stated hereon (in addition to the agency service fee) as negotiated with my agent i hereby sell, assign, and grant the above named client the right and permission to copyright and/or use and/or publish photographic portraits or pictures of me, in which I may be included in whole or in part or in composite or reproductions thereof in color or otherwise made through any media at their studios or elsewhere for art advertising, trade, and any other similar lawful purpose whatsoever, for print advertising only (with the exclusion of billboards, posters, point of purchase, free standing inserts, packaging, counter cards, direct mail, and other special usage), of (PRODUCT) _____ for a period terminating _____ months from the date of photography. Accordingly, I release and discharge the companies named above and persons acting for or on behalf of them for any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite, form that may occur or be of the taking of said picture or in the processing thereof through completion of the finished product, except that no rights shall be granted for any change or distortion or alteration by any form of technological manipulation either currently in use or developed in the future in order to create a new image. The Model acknowledges the Model payment from ANDERSON GREENE ENTERTAINMENT, INC. (AGE) is conditioned upon AGE receiving payment from the client. The Client agrees to reimburse AGE for ANY legal fees incurred in obtaining collection of said fees. It is understood the above rates do not include agency fee. Any agency fees charged to the client do not affect the commission withheld from the model.

(Model or Model's Authorized Representative)

Invoice to: _____

Address: _____

City & State: _____

Country: _____

Phone: _____ Fax: _____

Job#: _____ Product/Dept.: _____

Attn of: _____

TERMS AND CONDITIONS TO CLIENT

The Client agrees to amount set forth and acknowledges that he is obligated to pay said fee. This release takes precedence over any release signed at the time of the job with the exception of contracts and agency releases that contain the same information herein. Release is not valid until payment is received. **TERMS:** NET 30 days from the date of billing - 1- 1/2 added for every month thereafter. Past due sums subject to 1.5% per month (18% per annum) interest. Clients shall be responsible for and shall pay all reasonable costs and fees incurred by the agency in collection fees. **NOTE:** CERTAIN PRODUCTS, PACKAGING USAGE, BILLBOARDS, POSTERS, POINT OF PURCHASE, COUNTER CARDS, AND SIMILAR USAGE REQUIRE SEPERATE NEGOTIATIONS WITH THE AGENCY.

(Client's Signature or Representative)

Client - WHITE Agency - YELLOW Model - Pink

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