



SAG-AFTRA MUSIC DEPARTMENT

INFORMATION SHEET - Signatories to SAG-AFTRA Sound Recordings Contract

Please complete, sign and return for review in the enclosed envelope.

Date _____

Company Name: _____

Address: _____
(Number and Street) (City) (State) (Zip code)

Telephone: _____ Fax: _____

Fed. Tax ID No.: _____ State Tax ID No.: _____

Business License No.: _____ State Employ. Reg. No.: _____

Length of time Company has been in business: _____

FINANCIAL INFORMATION:

Bank: _____ Branch: _____

Address: _____ Phone: _____

Account No.: _____ Staff Referral: _____

ORGANIZATION: Corporation Partnership Sole Owner
Joint Venture Other (if sole owner, provide Social Security #)
(if other, please explain)

Stockholders or Partners

Officers (if incorporated)

Name Percent

President

Name Percent

Vice-President

Name Percent

Secretary

Name Percent

Treasurer

1. Type(s) of recording(s) Company produces (i.e., records, audio books, etc.):

2. Do you distribute your own recordings? If not, do you have a distribution agreement with another company? If yes, what company?

3. Do you pay for studio time? _____
4. Do you employ the engineer, producer, and/or musicians for recording sessions?

5. Do you have an active roster of artists signed to royalty agreements with your company? If yes, please list such artists (use additional sheets if necessary):

6. Number of recordings planned to be released per year: _____
7. Who is responsible for overage(s) in production costs for performers or others?

8. Please describe any current or upcoming recording projects: _____

9. How did you hear about SAG-AFTRA?

10. SAG-AFTRA Member(s) and ID Number(s):

11. Additional comments:

Signed and approved by Company representative

Print Name and Title