



FALCON
PAYMASTERS

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Production Agreement Request Form

Submitted By: _____ Company: _____

Phone: _____ Email: _____

Project Title: _____ PO#: _____ Job#: _____

Session Day: _____ Session Date: _____ Session Time: _____

Sponsor: _____ Studio/Location: _____

Studio Location FAX: _____ Studio Location E-mail: _____

Talent Name: _____ Phone: _____

Talent Email: _____

Talent Agency: _____ Booker: _____

Booker Phone: _____ Booker Email: _____

Union: SAG AFTRA

On-Cam: VO Radio TV Cable Industrial

Markets/Use: _____

Compensation: _____

Agent Commission ABOVE? Yes No

Please submit this form at least two business days prior to the scheduled session. Falcon will provide the producer with a copy of the signed agreement prior to the session. If there are any changes or additions to the original agreement overtime, tags, etc.) please promptly notify Falcon so that the performer(s) can be properly compensated.

E-mail completed form to mail@falconpaymasters.com