



AGENCY:		DATE:
ADVERTISER/CLIENT:		
PRODUCT:		PO#:
PERFORMER:	SS#/PID:	ESTIMATE:
CORPORATION NAME:	FED ID#/PID:	
GUARANTEE AMOUNT: _____ <input type="checkbox"/> PAY FULL AMOUNT OF GUARANTEE	GUARANTEE START DATE:	GUARANTEE END DATE:
<input type="checkbox"/> PAY INSTALLMENT#:(e.g. 1 of 3)	INSTALLMENT AMOUNT TO BE PAID:	
<input type="checkbox"/> PAY P&H ONLY	<input type="checkbox"/> TRACK ONLY – NO P&H or PERFORMER PAYMENT	
TOTAL GUARANTEE AMOUNT OR PERCENTAGE TO BE TRACKED FOR: <input type="checkbox"/> TV <input type="checkbox"/> RADIO <input type="checkbox"/> OTHER (FOR EXAMPLE: PRINT and PERSONAL APPEARANCES - WILL NOT BE TRACKED)		
DOLLAR AMOUNT OR % ALLOCATED TO SAG:  PAY OVERAGE ON: GUARANTEE BALANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		DOLLAR AMOUNT OR % ALLOCATED TO AFTRA:  INSTALLMENT BALANCE <input type="checkbox"/> YES <input type="checkbox"/> NO
TRACKING	SESSIONS TO BE TRACKED AGAINST GUARANTEE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	APPLY SESSION RATE AT: _____	
	REUSE TO BE TRACKED AGAINST GUARANTEE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	SPECIAL PROVISIONS FOR RESIDUALS: _____ _____	
	MULTIPLE SERVICE CONTRACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORIZATION TO REPORT TO THE P&H FUND: * <input type="checkbox"/> YES <input type="checkbox"/> NO		
*PLEASE COMPLETE AND SEND MULTIPLE SERVICE CONTRACT (MSC) COVER SHEET. A COPY WILL BE SENT TO THE P&H FUND WITH PAYMENT.		
OTHER PROVISIONS:		
CLIENT'S SIGNATURE:		
DATE:		
TALENT PARTNERS WILL PAY AND TRACK THE ABOVE PERFORMER IN ACCORDANCE WITH THE INFORMATION PROVIDED ON THIS FORM. TRACKING SHEETS PERTAINING TO THE MOST RECENT PAYMENT WILL BE PROVIDED AND SENT EACH TIME AN INVOICE IS GENERATED WHICH AFFECTS THE GUARANTEE.		