



# JAPAN UNDERWATER FILMS FOOTAGE LIBRARY APPLICATION FORM

DATE : \_\_\_\_\_

## CUSTOMER INFORMATION

COMPANY NAME			
YOUR NAME			
ADDRESS			
Telephone (      )		Fax	
Email address		Website	
How did you find our JUF?	Others:		

## PROJECT INFORMATION

PROJECT TITLE			
PROJECT TYPE	Others:		
COUNTRY OF BROADCAST	Country name:		
DATE OF APPEARANCE	/ Undecided		
TERM OF USE	Year	/	Perpetual
PROGRAM LENGH			
Deadline for delivery of Preview clip (MP4 format)			
MASTER COPY FORMAT REQUEST	Others:		
Deadline for delivery of Master copy			
How will you make payment?	Others:		

## FOOTAGE REQUEST

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**OUR BUSINESS HOURS : MONDAY TO FRIDAY 11:00AM – 7:00PM**

**WE RESERVE THE RIGHT TO REFUSE SERVICE TO ANY UNACCEPTABLE CUSTOMERS**