SUNDOG STUDIOS LLC
MEDIA LICENSE REQUEST FORM

Date of Request: _____

Requesting Party (Licensee):

Organization/Company Name: _____
Contact Person: _____
Phone: _____ **Email:** _____
Address: _____

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1. Licensed Materials Requested

☐ Photos
☐ Videos / Motion Graphics
☐ Both

Description / File Reference(s):
(If you need more space, attach additional pages to this form and note below.)

_____
_____
_____

_____

2. Intended Use (check all that apply)

☐ **Internal Use** – Watermarked (non-commercial, free)
☐ **Internal Use** – Non-watermarked ($250 per 10 photos OR $250 per video/motion graphic*)
☐ **External/Commercial Use** – Non-watermarked ($500 per 10 photos OR $500 per video/motion graphic*)
☐ **Other** (custom license): _____

*Under one (1) minute in length, excluding business documentaries, commercials, or other high-budget productions. Fees for high-budget productions and videos/motion graphics exceeding one (1) minute in length require a higher fee, determined by Company at time of licensing.

Reference No. _____-MLR

3. Term of License

☐ One-Time Use
☐ One Year
☐ Perpetual
☐ Other: _____

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4. Territory

☐ United States Only
☐ Worldwide
☐ Other: _____

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5. Credit Requirement

All external/public-facing uses must include proper credit:
“Photo/Video by Sundog Studios LLC”

When posting Deliverables on social media platforms, Licensee must also tag Sundog Studios’ official accounts in the post caption or media tag, as applicable:

- **Instagram:** @sundog.studios
- **Facebook:** @sundog.studios.postproduction
- **YouTube:** @sundog.studios
- **LinkedIn:** @sundog.studios
- **TikTok:** @sundog.studios

☐ I acknowledge this requirement.

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6. Additional Notes / Requests

Signatures

Requesting Party (Licensee)

Organization Name (if applicable)	Federal Business ID (if applicable)	Date

Business Address (if applicable)	Phone Number	Email

Name	Title (if applicable)	Signature

For Sundog Studios LLC Use Only

License Request Approved: [ ] Yes [ ] No
Fee Quoted: $_____
Invoice Number: _____

Authorized By (Company Representative):
_____ Date: _____