



The Harry Fox Agency, Inc., 601 West 26th Street, New York, NY 10001

APPLICATION FOR HFA MECHANICAL LICENSING ACCOUNT

This form is to create a licensing account with HFA for the manufacture and distribution of CDs, Audio Cassettes, LP's, etc. within the U.S. **Domestic** license request forms can be downloaded at www.harryfox.com/docs/m-license_laccountapp.pdf; however, if you'd like to apply for licenses online, see option #4 on the reverse of this page. If you plan to license songs for **digital uses** as ringtones, downloads, streams, Digital Phonograph Delivery, etc., you will need to submit a New Media Application, which is available at www.harryfox.com/newmediareg/nmrForm1.html. If you plan to **import** into the U.S. recordings manufactured outside of the country, you will need to complete a Request Form for Phonorecord Importation, which is available at www.harryfox.com/docs/Importation_Request_Form.pdf.

1. GENERAL CONTACT INFORMATION

Name of Company: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____
(No P.O. Boxes; must be a street address. If a rural address, we still need a street address in addition to P.O. Box)

Telephone #: _____ Fax#: _____

E-mail: _____ Website: _____

2. PRELIMINARY RELEASE INFORMATION

Anticipated Quantity of Units: ___ over 2,500 (See section 3 below)
___ less than 2,500 (For mechanical licenses in a quantity of 2,500 units or fewer, HFA recommends the use of Songfile system. Please visit www.harryfox.com for more information. Otherwise, you will be invoiced and licenses will not be issued until payment is received. Please note that HFA does not issue licenses for fewer than 25 units.)

Signature: _____ Title: _____ Date: _____

Print name: _____

3. ADDITIONAL INFORMATION ON ACCOUNTS RELEASING 2,500+ UNITS

Have you ever done business with HFA before? If "Yes," under what account name? _____

Check the category which best applies to you:

___ Corporation ___ Partnership ___ LLC ___ Individual ___ School ___ Church ___ Military Organization

If incorporated, please supply State and Date of Incorporation _____

If an individual, please supply Social Security Number _____

Years at Present Address _____

Annual U.S. Gross Receipts (check one) ___ \$5,000 or less ___ \$5,001 to \$50,000 ___ \$50,001 to \$100,000 ___ Over \$100,000

Bank Name: _____ Bank Address: _____

Type of Account: _____ Bank Telephone: _____

(over)

