



royalty review council

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royalty accounting request for fee estimate

e-mail: info@royaltycouncil.com
www.royaltycouncil.com

Please provide the information below related to your reporting requirements and **FAX to +1 818.475.1669**. A representative will contact you to discuss your needs in more detail. The more information you provide, the faster we can deliver an estimate.

CONTACT INFORMATION

Date: _____	Royalty Areas: <input type="checkbox"/> Record Label <input type="checkbox"/> Music Publisher
Company Name*: _____	<input type="checkbox"/> Games <input type="checkbox"/> Video (Film/TV)
Contact*: _____	E-Mail*: _____
Job Title*: _____	Website: _____
Telephone*: _____	
How did you hear about us? _____	

RECORD LABEL INFORMATION

Approximate Number of Artists: _____	Approximate Number of Master User Licenses: _____
Approximate Number of Albums: _____	Do you render Producer Statements? <input type="checkbox"/> Yes
Approximate Number of Compilations: _____	Artist Statement Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual
Approximate Number of New Releases per year: _____	Mechanical Statement Frequency: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual
Approximate Album Unit Sales the last 3 years: _____	Approximate Number of different Publishers who receive Mechanical Statements: _____

MUSIC PUBLISHER INFORMATION

Number of Publishers You Administer: _____	Do you pay estates/heirs? <input type="checkbox"/> Yes
Number of Composer & Publisher Payees: _____	Number of Licenses: _____
Number of Unique Songs/Copyrights: _____	How many income statements do you receive each period: _____
Reporting Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual	What income types do you generally process: <input type="checkbox"/> Mechanical <input type="checkbox"/> Sync <input type="checkbox"/> Print <input type="checkbox"/> PRO <input type="checkbox"/> Other

GAME INFORMATION

Number of Titles: _____	Number of Licenses: _____
Reporting Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual	Do you sell Digital Downloads? <input type="checkbox"/> Yes
	Approximate Number of New Releases per year: _____

VIDEO INFORMATION

Number of Titles: _____	Number of Licenses: _____
Reporting Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual	Do you sell Digital Downloads? <input type="checkbox"/> Yes
	Approximate Number of New Releases per year: _____

ADDITIONAL INFORMATION

Do you have retroactive statements to pay? <input type="checkbox"/> Yes	
What system is used to calculate royalties now? _____	
Number of full-time employees dedicated to the Royalty Department: _____	
Approximate Number of hours required to prepare royalty statements each period: _____	

NOTICE: The information contained in this FAX is confidential, intended only for Royalty Review Council and may contain information that is privileged or exempt from disclosure under applicable law. If you have received this fax in error, please destroy any printed or other copy. Thank you.