LOCATION CHECKOUT

The address(es) of the following location(s) will be given to the representative of the production company listed below upon the signed return of this document:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

In return for the addresses of the above locations being released to me, I agree to the following provisions:

1.) In no case shall any representative of the production company request **or accept** direct contact information (telephone, cell phone, fax, e-mail address, website address, etc.) from the owner or representative of the location.
2.) In no case shall any representative of the production company request **or accept** pricing information or related costs from the owner or representative of a location.
3.) It is agreed that Central Locations will handle all negotiations involving scheduling, availability and location & related fees.
4.) Representative acknowledges that none of the above listed locations have been checked out from another location agency in the duration of this project.
5.) In the event that a location listed above is used by this production company within a **one-year period**, without Central Locations acting as the agent, production company agrees to pay an amount of not less than 30% of the total location fee paid to the owner(s) of the location, to Central Locations. In addition, the production company will pay for any and all legal and collection costs.
6.) Representative agrees that any location in the general vicinity (a one-mile radius) of a location listed above, or any location controlled by the owner of a location listed above, but not included herein, are subject to the same conditions as any of the above listed locations, unless previously and within the duration of this project you: 1.) checked it out from another agency, or 2.) negotiated its use with owner.

By signing below, I acknowledge that I am a representative of the production company listed below, and am empowered to sign on their behalf.

_____ _____

Sign Name Print Name Date

_____

Production Company Name

_____

Production Company Address

_____

City, ST, Zip

_____

Primary Telephone

FAX THIS SIGNED FORM BACK TO 800-966-8539