



## RATE REQUEST FORM

COMPANY INFORMATION				
Company Name:			Date:	
Address:				
City:		State:		ZIP Code:
Contact Name:				
Phone:		Fax:		E-mail:
Referred by		Company Name:		Contact Person:
SERVICES REQUESTED				
<b>Types of Scripts/Lists (circle your selections)</b>				
<b>Dialogue Lists</b>	<b>As-Broadcast Scripts</b>	<b>Continuity Lists</b>	<b>Reality TV/Doc</b>	<b>Customized</b>
Basic	Script Format	Combined Continuity	B-Roll	
Detailed	Technical Format	Spotting List	Interview	
Dialogue Continuity	Documentary Format	(CDSL) Combined Dialogue & Spotting List		
		(CCSL) Combined Continuity & Spotting List		
Number of Episodes/Segments:			Length of each segment:	
Additional Notes:				
TURNAROUND TIME				
(circle one)    Standard            Rush			Requested Due Date:	
SIGNATURES				
Signature:			Date:	

Thank you for requesting rate information from The Script Specialists LLC. We will create a customized rate proposal based on your project needs. We will contact you directly if we require any additional information regarding your project.