



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			
Types of Scripts/Lists (circle your selections)			
Dialogue Lists	As-Broadcast Scripts	Continuity Lists	
Basic	Script Format	Combined Continuity List	
Detailed	Technical Format	Spotting List	
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.