



New Vendor Application

Label/Artist Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Business Phone #: _____ Fax #: _____

E-Mail: _____ Contact Person: _____

Employer Identification Number or Social Security Number: _____

* Either an Employer Identification Number (EIN) or Social Security Number is required for tax purposes

How many titles do you currently have in print for review? _____

Do you have any forthcoming titles? _____

Does your product have a UPC bar code? _____ Yes _____ No

Are any other distributors carrying your product? _____ Yes _____ No

If yes, who? _____

Are you currently marketing and/or advertising your product(s)? _____ Yes _____ No

If yes, how and where? _____

What is your marketing budget for the next 12 months? _____

How many retail stores already carry your product? _____ Which states? _____

Have you received editorial coverage in any major publications and, if so, which ones? _____

.....
For Music Submissions:

Do you have radio airplay for your music? _____ Yes _____ No

If yes, how many stations have been serviced with a single from your current project and when did this occur? _____

Number of states toured? _____ How many tour dates per year? _____

.....
Please complete and return this form to the address at the bottom of this page. Include one copy of each product to be considered. In addition, please fill out a Submission Form for each item along with the Ministry Objectives Questionnaire (both of which are included in this packet). Please note, sample product will not be returned. You will be notified via e-mail within approximately two weeks of receiving your submission. **The following documentation must be attached to this form: W-9 Form (available at irs.gov)**

Signature: _____ Printed Name: _____

Title: _____ Date: _____



Music and Video Submission Form

Please fill out one form per project and return to: vendor@chrematizo.com (email) or (615) 280-6037 (fax)

Date: _____ Contact E-Mail: _____

Vendor / Label Name: _____ PayPal E-Mail: _____

Address Line 1: _____

Address Line 2: _____

City, State: _____

ZIP Code: _____

Phone: _____ Fax: _____

Artist / Band Name: _____

Album / Product Title
or Project Name: _____

Format Type: CD: _____ DVD: _____ DIGITAL: _____ OTHER (specify): _____
(Check all that apply)

Suggested Retail Price: \$ _____ UPC # : _____

Release Date: _____ Genre(s): _____

Do you require return authorizations? YES _____ or NO _____

Ship returns to: _____
(Note: we cannot ship returns to a P.O. Box)

Physical Address: _____

Address Line 2: _____

City, State: _____

ZIP Code: _____

PRINT NAME: _____ SIGNATURE: _____



Submission Checklist

PLEASE MAKE SURE TO INCLUDE:

- New Vendor Application
- Product Submission Form for each title submitted
- Payment via Check or Money Order made out to "Chrematizo Label Group" as indicated below

CHECK THE BOX CORRESPONDING WITH THE PLAN YOU'RE INTERESTED IN AND INCLUDE A CHECK OR MONEY ORDER MADE OUT TO "Chrematizo Label Group" AS DETAILED BELOW:

"ESSENTIAL" Plan

- Single (no set-up fee due)
- Album (no set-up fee due)
- Album (add physical CD distribution for \$29.95)

"ENHANCED" Plan

- Single (\$10)
- Album (\$50)

"ELITE" Plan

- Single (\$35)
- Album (\$100)

"LIFER" Plan

- Unlimited albums & singles* (\$500)

*limited to artists on one record label functioning as a business or, if no label, one single artist