



## New Vendor Application

Label/Artist Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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? \_\_\_\_\_

Do you have radio airplay for your product(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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? \_\_\_\_\_

Number of states toured? \_\_\_\_\_ How many tour dates per year? \_\_\_\_\_

How many retail stores already carry your product? \_\_\_\_\_ Which states? \_\_\_\_\_

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

Please complete and return this form to the address at the bottom of this page. Include one copy of each CD or DVD to be considered. In addition, please fill out a Product Submission Form for each title being submitted and 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.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



## SUBMISSION FORM

*Please read these instructions before completing this form. Make sure all applicable spaces have been filled in before submitting this form. **FILL OUT ONE FORM PER TITLE BEING SUBMITTED!***

### ----- LINE-BY-LINE INSTRUCTIONS -----

- Vendor Name:** Enter the name of the person or business that checks are to be made out to. You will be responsible for reporting your earnings to the IRS.
- Contact E-Mail:** Enter the e-mail address for the primary member (main contact person). **This person should be the most responsible person available.** Please choose your primary member wisely. Failure to do so could make the relationship very difficult from our perspective.
- Artist / Band Name:** Enter the name of the person or band as it appears on the CD or DVD cover.
- CD / DVD Title:** Circle either "CD" or "DVD" in order to indicate the type of product being submitted. Enter the full title as it appears on the CD or DVD cover.
- MSRP:** Review the attached pricing grid to determine the "Suggested Retail Price" you would like to sell your CD or DVD at. It is suggested CDs remain in the \$12.98 to \$14.98 range. New artist pricing from the major labels usually is listed at \$12.98.
- UPC:** Enter the 12 digit UPC code printed on the cover (please use the following format: 0-00000-00000-0). The industry is moving toward 13 digit UPC codes, so a 13 digit code is perfectly acceptable as well.
- Release Date:** Enter the exact date of release (if possible). If exact date is not known, please provide the year.
- Genre(s):** Enter the musical genre (or genres, if more than one is applicable). This is the "classification" for your music. Examples include: Christian; CCM; Rock; Worship; Gospel; Contemporary Gospel; Jazz; Soul; R&B; Rap; Emo; etc.
- Member Name, etc:** Enter the name of the primary member (main contact person) in the space for "Member 1". This should be the same person that will be entering into contract on behalf of his/herself, a band or a label.



# CD / DVD Submission Form

Vendor Name: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

Artist/Band Name: \_\_\_\_\_

CD / DVD Title: \_\_\_\_\_  
(Circle CD or DVD)

MSRP: \$ \_\_\_\_\_ UPC #: \_\_\_\_\_

Release Date: \_\_\_\_\_ Genre(s): \_\_\_\_\_

MEMBER 1 Name: \_\_\_\_\_ MEMBER 4 Name: \_\_\_\_\_

Street Address (1): \_\_\_\_\_ Street Address (1): \_\_\_\_\_

Street Address (2): \_\_\_\_\_ Street Address (2): \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

MEMBER 2 Name: \_\_\_\_\_ MEMBER 5 Name: \_\_\_\_\_

Street Address (1): \_\_\_\_\_ Street Address (1): \_\_\_\_\_

Street Address (2): \_\_\_\_\_ Street Address (2): \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

MEMBER 3 Name: \_\_\_\_\_ MEMBER 6 Name: \_\_\_\_\_

Street Address (1): \_\_\_\_\_ Street Address (1): \_\_\_\_\_

Street Address (2): \_\_\_\_\_ Street Address (2): \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_





## Submission Checklist

### **When submitting product for review, please make sure to include:**

- \_\_\_\_\_ New Vendor Application
- \_\_\_\_\_ Product Submission Form for each title submitted
- \_\_\_\_\_ Ministry Objectives Questionnaire
- \_\_\_\_\_ A physical copy of each product/title you wish us to consider for distribution
- \_\_\_\_\_ A marketing plan for each title submitted (or an overall marketing plan if you have a catalog of products)
- \_\_\_\_\_ For music, radio solicitation and tracking information
- \_\_\_\_\_ A full press kit (if available) containing any other materials which demonstrate the successes you've achieved relative to your career (CD reviews, articles, photographs, One Sheet, etc.)
- \_\_\_\_\_ If submitting product for Level 1 ("Jesus Baby"), please include a \$35 check made out to "Chrematizo Label Group" for each product you're submitting\*
- \_\_\_\_\_ If submitting product for Level 2 ("Jesus Baby Plus"), please include a \$75 check made out to "Chrematizo Label Group" for each product you're submitting\*

\* If submitting for Levels 3 or above, no monies will be due until a contract has been initiated, signed and returned