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This Agreement made the _____ day of _____, 20____ by and between:

Wardell Publications Inc.
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(please mail to PO Box 480069, Fort Lauderdale, FL. 33348)

AND:

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Owner Name:
Address:

Phone and Fax:
Email address:

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With my signature below I hereby declare that I have read and understand the above statement and agree to be bound by the production limitations as specified herein:

Name of representative as named above (clearly printed)

Signature of representative:

Date of agreement application:

With my signature below I hereby grant limited production permission as stated above:

Randy Wardell
President Wardell Publications Inc.

Date of permission granted:

Note to applicant: Please complete and sign 2 copies in original ink and return both copies to the Wardell Publications office. We will process your request and return one original to you for your records.