**COLLEEN BELL AGENCY VOUCHER**

# 14205 SE 36TH ST. BELLEVUE WA 98006 PH (425) 649‐1111 FAX (425) 226‐4324

**BILLING INFORMATION**

## CLIENT NAME ADDRESS CITY/STATE/ZIP ATTN:

P.O. NO./JOB NO.

PRODUCT

TALENT NAME DATE WORKED RATE PER HOURS FROM TO FITTING FEE TRAVEL FEE TALENT TOTAL

## SIGNED

For valuable consideration, I hereby irrevocably consent to and authorize the use and reproduction of all photographs taken on this day for this client / job / product only. Pictures shall not be altered without my consent, but can be used to publish for this said job in whole or in part in any medium. All negatives and positives and prints shall remain your property solely and completely. I release for this job only any claims and demands arising out of or in connection with the use of the photograph in its original state for this job.

(CLIENT OR REPRESENTATIVE MUST SIGN)

## SIGNED

(TALENT ‐ PARENT OR GUARDIAN IF MINOR)

Talent: Commission due to Agency is 20% non-union from talent totals