

Shirley
of Hollywood

**Intimate
Attitudes**

Risque

Gy^Z

3240 E.26TH ST. • VERNON • CALIFORNIA • 90023 • USA • PHONE (323) 261-0265 • FAX (323) 261-6693

Image Release

To Whom It May Concern,

Please sign and return this form to obtain permission to utilize or reproduce our photos from our **Catalog** or **CD** for the promotion or sale of our merchandise in still ads or on the Internet. It is required to show the pertinent logo or type written name, **Shirley of Hollywood, Intimate Attitudes, Risque, Hot and GYz** within the image, text or site. We also require that our images **not** be shown on the same page or screen as any adult novelty items. Our copyright applies to all images used from the CD or printed material.

Our CD images do not include text and are done in a larger presentation so you may crop them to the desired size.

Please note due to the nature of CD's we will not be able to take any returns or offer refunds. CD must be prepaid by Credit Card before shipping. Please fill out information below.

Please keep in mind that we are a lingerie manufacturer and are looking to have our product presented by lingerie retailers. We reserve the right to refuse to sell anyone who inappropriately presents our merchandise. The company reserves the right to review your Website at any time. We **must** be able to **review** your **Website prior** to sending out our CD's or any of our photographic materials. Our images may not be used in any auctions. **This release relates solely to the domain listed below.**

Web Address: _____

Email Address: _____

Please sign and fax back to 1-323-261-6693 Please indicate below the CD's you are requesting.

**Note: The Shirley CD is good through the catalog year, January to December
Intimate Attitudes and Risque' are good through the catalog year April to March**

Sincerely, _____ Shirley Of Hollywood @ \$50.00
_____ Intimate Attitudes @ \$50.00
Steve Boxer _____ Risque' @ \$50.00
National Sales Manager _____ Hot Hosiery @ \$50.00
_____ Costumes @ \$ 50.00

Customer Account Number

Payment - Credit Card #
(MasterCard OR VISA ONLY)

Customer Business Name

Expiration Date

Address

Name of Card Holder

City State Zip

Phone Number

Customer Signature Date

Fax Number

Approved By Salesmen Date