



Check Authorization

To Whom It May Concern,

I _____ (the "Undersigned") hereby authorize Classic Talent Agency, LLC to accept and sign my name for collection of and to receive any and all sums as well as to endorse my name upon and to deposit any and all checks which may, from time to time be or become payable to the above actor for their service. In turn Classic Talent Agency LLC will pay what is owed to the Undersigned minus the agency commission which is 10% unless otherwise stated.

Social Security Number

Talent's Signature / Undersigned

Date:

Parent/Guardian (If under 18)

Date:

Agent Signature / Depositor

Date:

Classic Talent Agency PO BOX 2055 Cumming Ga 30028

PHONE: 678-974-1890