CHRIS CASTLE

PRIVILEGED ATTORNEY-CLIENT COMMUNICATION
ATTORNEY WORK PRODUCT
CONFIDENTIAL PERSONALLY IDENTIFIABLE INFORMATION

New Client Checklist

Date:

Client Name: _____

Please confirm if you have done the following:

- Affiliated with ASCAP or BMI — Yes No
- Affiliated with a PRO other than ASCAP or BMI — Yes No
  List: _____
- Established a publishing company for each writer — Yes No
- Registered your songs with ASCAP or BMI (or other PRO) — Yes No
- Affiliated with or become a member of SoundExchange — Yes No
- Performed a trademark search for your professional name — Yes No
- Registered a trademark for your professional name in the US — Yes No
- Registered a trademark for your professional name in any other country — Yes No
- Digital distribution aggregator? — Yes No
  Unusual terms: _____
- Formed a company ("loan out") for your activities in music? — Yes No
- Minted NFT? — Yes No

Christian L. Castle Attorneys
9600 Great Hills Trail, Suite 150 West | Austin, Texas | 78759
Phone +1 (512) 420-2200 | Fax +1 (512) 519-2529

www.christiancastle.com

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- Licensed for film/TV/games Yes No
  If yes, which ones: _____
  _____
- Signed a recording contract Yes No
- Signed a producer contract Yes No
- Signed a publishing contract Yes No
- Signed a merchandising agreement Yes No
- Signed a musical instrument endorsement agreement Yes No
- Signed a management agreement? Yes No
  Describe: _____
- Signed a business management agreement? Yes No
  Describe: _____
- Engage an accountant? Yes No
  List: _____
- Signed any other significant agreement in connection with your professional artist career not mentioned above? Yes No
  List: _____
- Opened a bank account as an artist or band? Yes No
  List banks and name(s) of authorized signers
  _____
- Obtained insurance? Yes No
  List: _____

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Please provide the following information:

- Website domain name: _____
- Who is the registrant for the domain name:
  _____
- When does your domain name expire? _____
- Who is the webhosting company for your website?
  _____
- Who designed your website?
  List: _____
- Was the web developer hired under a written contract? Yes No
- Social media accounts:
- Who holds the passwords to your website and social media?

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Please fill in the boxes with the requested information:

Professional Name (by member)				
Legal Name (by member)				
DOB				
Instrument				
Plays (brand)				
email				
Cell Phone				
Home Phone				
Home Address				
Social Security/Tax ID				
ASCAP/BMI/SESAC				
SoundExchange Artist Member? (yes/no)				
Union (AFM/SAG-AFTRA)				
Passport? (yes/no)				
Publishing Company Name/PRO Affiliation				

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