

CAV Distributing Corporation 253 Utah Ave. South San Francisco, CA 94080 TEL: (650) 588-2228 FAX: (650) 588-2272

## COPYRIGHT CERTIFICATION AND INDEMNIFICATION FORM

CUSTOMER:	DATE:
(Your company name) OPTICAL DISC:	CATALOG#:
COPYRIGHT REGISTRATION #:	
Dear Customer:	
	ndicate the copyright owner's information to CAV Distributing want to protect all of our customer's copyrights. We will not formation needed as follows:
This is to certify that has t	been authorized by the following copyright
owner to manufacture the above titled Optical Disc o	on their behalf.
COPYRIGHT OWNER:	<del></del>
• ADDRESS:	
PIVONE	<del></del>
• PHONE:	
• FAX:	<del></del>
• EMAIL	
Attached hereto is a true and correct copy of the copy authorizing me to copy, replicate, duplicate, and distr	yright registration, license or assignment or other document ribute the work(s) listed above.
	t the author, owner, licensor, assigner or other person or entity e copying, replication, duplication and distribution of the listed
agree to indemnify CAV and hold CAV harmless fro damages and costs that may be assessed against CAV trademark, trade dress or trade secrets. CAV agrees to	sputes, or challenges CAV's replication of the listed work(s), I am all legal expenses that may be incurred by CAV, as well as I in any action for infringement of any patent, copyright, o reasonably cooperate with me to facilitate the defense against on and Indemnification shall continue for a period of ten (10) ion and Indemnification.
In consideration of CAV undertaking to perform serv Certification and Indemnification.	vices for me, I agree to be bound by terms of this Copyright
Officer of Customer (Print name)	Signature
 Title	 Date