



Atlanta, GA: (770) 446-7289 Fax (770) 263-6433  
Charlotte, NC: (704) 827-0901 Fax (704) 827-8555  
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## Testimonial Video Consent & Release Form

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

I hereby give irrevocable consent to Corporate Payroll Services to reproduce, use and distribute the submitted testimonial video. Corporate Payroll Services may distribute the video using any kind of electronic device and through Internet web sites or email.

I hereby release Corporate Payroll Services and any of its associated or affiliated companies, their directors, officers, agents, employees and customers from all claims of every kind in relation to use of said testimonial video. Upon submission, the testimonial video becomes the sole property of Corporate Payroll Services.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date