

# 3dsMax OSL Shaders

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**Corporation address:** \_\_\_\_\_

**Point of contact:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Facsimile:** \_\_\_\_\_

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Please Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Corporation: \_\_\_\_\_

## **Schedule A**

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Name of Corporation: \_\_\_\_\_

Names of Authorized Employees: [please list individual employees]

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_