

\*\*\*\*\* Contract \*\*\*\*\*

Movie Name :- hhg

Provider Name :- tryy

Provider Phone :- 5465654567

Period :- 346

Provider Ratio :- 86%

Paltform Ratio :- 14%

Fee :- 657\$

Payment Charge :- 657%

Company Name :- jhgj

Adress :- hhjghj

CIN :- hjhjhg

Director Name :- jgjhgj

DIN :- jhjj