

***** Contract *****

Movie Name :- fghgfh

Provider Name :- hfghg

Provider Phone :- 565

Period :- 56

Provider Ratio :- 54%

Paltform Ratio :- 46%

Fee :- 546\$

Payment Charge :- 653%

Company Name :- ghfgh

Adress :- fhfghgfh

CIN :- ghfghfg

Director Name :- fhfhfg

DIN :- hfgh

User_Id :- 6278a492aa5fa379ab41d425