

COCHRAN FILMS SERVICE AGREEMENT

This Agreement ("Agreement") is made and entered into on [DATE] between:

Cochran Films

Address: [Insert Address]

Phone: [Insert Phone Number]

Email: [Insert Email Address]

AND

Client:

Name: _____

Address: _____

Phone: _____

Email: _____

1. SERVICES PROVIDED

Cochran Films agrees to provide professional videography services for the following project:

Project Name: _____

Service Description: _____

Project Location: _____

Start Date: _____

Estimated Completion Date: _____

2. PAYMENT TERMS

Total Service Fee: \$_____

Deposit: \$_____ (Due upon signing)

Final Payment: \$_____ (Due upon project completion)

Payment Method: [Bank Transfer / Credit Card / PayPal]

Late payments will incur a 5% penalty if not paid within 7 days of the due date.

3. DELIVERABLES

Cochran Films will deliver the final project deliverables, including:

- Edited video files in [File Format]
- Raw footage (if requested)
- Delivery method: [Digital Download Link / USB Drive]

4. COPYRIGHT & USAGE RIGHTS

Cochran Films retains ownership of all raw footage and reserves the right to use content for promotional purposes.

The client receives non-exclusive, perpetual rights to use the final edited video for personal or commercial purposes.

5. CANCELLATION POLICY

- Cancellations made within 48 hours before the scheduled shoot will result in forfeiture of the deposit.
- Rescheduling is available with no penalty if requested 5 days prior to the shoot date.

6. LIABILITY & INDEMNITY

Cochran Films is not liable for any failure to perform due to circumstances beyond its control,

including but not limited to acts of nature, illness, or technical failure.

7. GOVERNING LAW

This Agreement is governed by the laws of the State of [Insert State]. Any disputes arising from this Agreement will be resolved in the courts of [Insert State].

8. ACCEPTANCE OF AGREEMENT

By signing below, both parties acknowledge that they have read, understood, and agree to the terms outlined in this contract.

Signatures:

Cochran Films Representative

Signature: _____

Name: Cody Cochrane

Date: _____

Client Signature

Signature: _____

Name: _____

Date: _____