MB ENTERTAINMENT

Independent Contractor Request for Payment

MB Entertainment referred to as CONTRACTING PARTY and

_____ Referred to as INDEPENDENT

CONTRACTOR, agree for payment as follows:

Type of Event: _____ Event Date: _____

Event Services: _____ Event Fee: *$*_____

Event Location: _____

This is a request for payment of independent contracting services. The CONTRACTING PARTY provides no benefits such as unemployment insurances, health insurance or worker's compensation insurance to INDEPENDENT CONTRACTOR. INDEPENDENT CONTRACTOR is responsible for payment of all Federal, State and Local Income taxes.

_____ _____ _____

Print Name Signature Date

_____ _____ _____

Authorized by Date Check#

This form is to be filled in and faxed 954-337-3735 or emailed to Payrequest@mbentdjs.com. Checks will be issued on the following Friday after work week. Requests will be processed on Wednesdays. Work week is Sunday to Saturday.