

DONNA FLOR

Bikini Gallery

BIKINI GALLERY APPLICATION

How to participate of Bikini Gallery

- Print and complete this form, sign below and send by fax: **1-305-351-8473 USA**.

- Send your pictures ever you want, by e-mail to this address: **customer@donnaflor.com** including your nickname on Bikini Gallery.

| PERSONAL INFORMATIONS | | | | | | | | | | | | |
|-----------------------|--|----------|--|-------------------|---------------|------------|--|--------|-------------|--|------------------|--|
| 01 FULL NAME | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 02 ID CARD | | | | 03 STATE OF ISSUE | | | | | 04 PASSPORT | | | |
| | | | | | | | | | | | | |
| 05 FULL ADDRESS | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| FULL ADDRESS (Cont.) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 06 CITY | | | | | | 07 COUNTRY | | | | | 08 ST | |
| | | | | | | | | | | | | |
| 09 AREA | | 10 PHONE | | | 11 CELL PHONE | | | 12 FAX | | | 13 DATE OF BIRTH | |
| | | | | | | | | | | | / / | |
| 13 e-MAIL ADDRESS: | | | | | | | | | | | | |
| | | | | | | | | | | | | |

AGREEMENT OF IMAGE USE

I hereby declare for all legally purposes who I have AUTHORIZED the publication of the set of pictures sent by me at <http://gallery.donnaflor.com> to expose at the Bikini Gallery, promotions and advertising of Donna Flor products. I Authorize the Donna Flor (between any of your companies) to use the pictures, without any cost or compensation, by the term of 1 (one) year. Declare to have 18 years or old.

| BIKINI GALLERY INFORMATIONS | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---------|--|--|
| 14 PLACE WHERE THE PICTURES ARE SHOOTED | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 15 NICKNAME TO BIKINI GALLERY | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 16 PLACE | | | | | | | | | | 17 DATE | | |
| | | | | | | | | | | / / | | |

SIGNATURE