

# NEW CLIENT INPUT FORM

Date Submitted:

AE:  
Planner:

Phone:  
Phone:

Agency:  
Advertiser:

<u><i>New/Revised Agency</i></u>
New Agency (select one) Revised Agency Agency Name Address City State Zip Code Contact name Contact title Contact phone Contact email
<i>Sales Details</i>
Advertiser if not referenced above  Sports or Entertainment  Estimated Dollar Amount  Run Date (start)  Run Date (end)

<u><i>New Advertiser/Brand</i></u>
New Advertiser (select one or both) New Brand  Advertiser Name Address City State Zip Code Brand Product Category
<i>Sales Details</i>
Agency if not referenced above  Sports or Entertainment  Estimated Dollar Amount  Run Date (start)  Run Date (end)

*Comments:*

**Please include a signed Credit Application and AOR for all new Agencies and Advertisers**

