

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)

<u><i>Comments:</i></u>

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

