



CLIENT INFORMATION

COMPANY

Business Name: _____

Other Business/Trade Name: _____

Physical Location: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Email: _____

Federal Tax ID _____ (check one) Advertiser Agency Other

BANK

Primary Bank Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Physical Location: _____

Contact Name: _____ Phone: _____

BILLING

Department: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____

Email: _____

By signing this form, I authorize that all the information provided above is accurate and current.

Client Signature: _____ *Date:* _____

Name: _____ Title: _____

AGREEMENT (FILLED OUT BY LVB)

Contract # _____ Display Dates: *Start* / / - *End* / / Insertion Order # _____

Pre-Emptable: (check one) Yes No Type: (check one) Static Digital

Boards: _____

OTHER

Notes: _____