CUSTOMER MASTERFILE DATA FORM

This form should be completed and turned in to Traffic for all new customers or for revisions to existing customers

Date Prepared:

Month	Date	Year
10	29	10am

- ☐ Add to Masterfile (New)
- ☐ Change Masterfile
- ☐ Make Customer Inactive

Sponsor Name: ABC STORE

Agency (if any):

Billing Name:

Mailing Address:

Address/Line 2: PO BOX 5555

City: Pago Pago State: AS Zip Code: 96799

Phone: 5555 5678 Fax: 5555 1234

Contact Name: John Smith Salutation: Mr. Smith

How would you address a letter to this person? Dear Bob or Dear Mr. Smith?

Contact E-Mail: john@ smith.com

Invoice Type:

- ☐ Paper
- ☑ E-Mail to: john@smith.com
  admin@smith.com
  account@smith.com

Revenue Source:

- ☑ Local/Direct
- ☐ Agency

Late Charge on Past Due Balance:

- ☑ Yes (default)
- ☐ No (requires management approval)

Billing Cycle:

- ☐ Calendar Month
- ☑ Broadcast Calendar (Final Sunday)
- ☐ End-of-Schedule
- ☐ Special: _____

Revenue Type:

- ☑ Cash
- ☐ Trade (All trades require management approval)
- ☐ Political

Credit Limit (if any):

$1 (default is $1000)

Account Rep: Joey Cummings 07

Client Separation:

30min

(Default separation is 30 Minutes. Please specify if different)

Invoice Type:

- ☐ Total Detail - Dates & Times, Spot Name
- ☑ Dates & Times
- ☐ Summary Only
- ☐ Other: _____

Client's Primary Business Type:

i.e. Hardware Store, Clothing, Auto Dealer, etc.)

SUBMIT