

**** SUPPLEMENTARY BILLING INSTRUCTIONS ****

DATE SIGNED: _____

WE PREFER THAT OUR BILLS BE FORWARDED IN CARE OF OUR AGENCY.

AGENCY NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____

WITH WHOM WE HAVE MADE ARRANGEMENTS FOR PAYMENT. WE UNDERSTAND THAT IN ORDER TO QUALIFY FOR THE LOCAL RETAIL RATE WE WILL REMAIN LIABLE FOR PAYMENT OF OUR BILLS IN CARE OF OUR AGENT AND ACCEPTING PAYMENT FROM THE AGENT, YOU ARE NOT VARYING THE TERMS FOR ADVERTISING PUBLISHED THEREUNDER.

WE FURTHER UNDERSTAND THAT YOU ARE NOT IN ANY WAY QUESTIONING THE CREDIT OF OUR ADVERTISING AGENCY IN SETTING UP THIS PROVISION FOR BILLING.

SIGNATURE OF CLIENT: _____

PRINT SIGNATURE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

SALESPERSON RTD: _____