Connected TV Media Authorization Form

Advertiser Information

Advertiser Name		
Contact Person		
Email Address		
Phone Number		
Address		
Campaign Details		
Campaign Name		
	_	
Start Date	1	
End Date	1	
Media Outlets/Platforms		
	_	
Budget		
Campaign Goals		

Additional Instructions

Authorization	
	ser authorizes the execution of the above Connected TV media campaign as
Authorized Signature	-
Name & Title	
Date	-