**Advertisement Broadcasting Request Form- 89-2000-R1**

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| --- | --- |
| Merchant /Client Business Legal Name |  |
| Business Address |  |
| City |  |
| State/Province |  |
| Country |  |
| Postal Code |  |
| County / district |  |
| Assigned Advertisement number: RATV |  |

|  |
| --- |
| **Advertisement:** Describe your advertisement here or tell us about your readymade A/V advertisement. If you want RATV to produce your advertisement, then express it here. |

**Advertisement Prepared by**:

Dated:

**Advertisement Approved by:**

Dated: