



FBC & Associates, Inc.
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**LA Screenings 2020 Suite Signage
 Intercontinental Hotel**

Company Name:	
Contact Name:	
Contact E-Mail:	
Company Street Address (Bill To):	
City, State,Country, Zip/Postal Code	
Telephone No.:	
Quantity:	
Suite Number(s):	

Artwork needed by/deadline: April 22th, 2020

Requirements:

Art Setup:

- **Bleed Size:** In Inches 40h x 8w/ In Centimeters 101.6h x 20.32w
- **Live Size:** In Inches 40h x 8w / In Centimeters 101.6h x 20.32w
- Create all files in CMYK
- If creating files at 100% scale, then resolution of images can be at 100 DPI
- If creating files at 50% scale, then resolution of images needs to be at 200DPI
- All fonts should be converted to outline (Vector Format)
- Once file is created it should be saved as a high resolution PDF for transferring to production. Original or layered files are not needed.
- High resolution PDF can be sent Via WeTransfer or Drop Box

Services offered:

- Site Survey
- Proofing (confirmation of size and quality of image)
- Production of graphics
- Installation of the graphics once the client has **officially checked-in** to the room on the night of May 11, 2020
- Proof of Performance photos
- Removal of graphic at show end (Optional)

Total Price: \$126.00

Payment ByApril 22th, 2020:

Payment Method: Check or CreditCard ONLY (See Credit Card Authorization Form below)



Authorization for Credit Card Use

COMPLETE THIS AUTHORIZATION AND RETURN

All Information will remain confidential

Name on Card: _____

Credit Card Street Number: _____ Street: _____

Billing Address City: _____ State: _____ Country: _____

Zip Code: _____
Postal Code _____
(Required)

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (Last 3 digits located on back of card or first 4 digits on front of card if paying with Amex)

Amount to Charge: _____ (\$126.00 USD per unit)

I authorize FBC and Associates Inc. to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Please Sign and Date:

Signature: _____

Print Name: _____

Date: _____

E-mail Address for receipt: _____

Return the Completed and Signed Form to the Following:

Fax: 305-969-0110

Email: ralph@fbcassociates.com