



FBC & Associates, Inc.  
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**LA Screenings 2023 Suite Signage  
 Fairmont Century Plaza 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: May 2, 2023**

Requirements:

Art Setup:

- **Bleed Size:** In Inches 31h x 13w/ In Centimeters 78.74h x 33.02w
- **Live Size:** In Inches 30h x 12w / In Centimeters 76.20h x 30.48w
- 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 will be on May 16 after 8 pm**
- Proof of Performance photos
- Removal of graphic at show end (Optional)

Total Price Per Sign: \$212.71

**Payment By May 2, 2023:**

**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: \_\_\_\_\_ (\$212.71 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