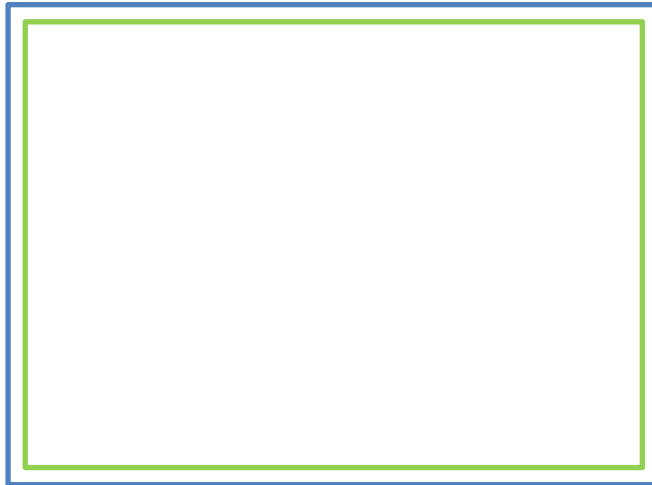


Suite Number Graphics



Blue Line Is Bleed Area
Template above is to scale

- ▶ Graphic Area:
 - Inches:
 - Bleed: 14” H x 19” W
 - Live: 13” H x 18 “W

- Create all art in CMYK.
- Scale art to one inch equals a inch.
- All images should be at 100 DPI at a minimum and all fonts should be converted to outline (Vector Format).
- Once file is created in Illustrator/ Photoshop/ Coral etc.. it should be saved as a high resolution PDF and sent in this form. (Please do not send layered files)

Tower Suites



Cabana Suites





FBC & Associates, Inc.
 13350 SW 131 Street
 Suite 104
 Miami, FL 33186
 O:305-259-4377 F:305-969-0110 C:305-610-4400
 Andres Madrazo E-mail: andres@fbcassociates.com



LA Screenings 2025 Suite Signage

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, 2025

Requirements:

Art Setup:

- **Bleed Size:** In Inches 14h x 19w/ In Centimeters 35.56h x 48.26w
- **Live Size:** In Inches 13h x 18w / In Centimeters 33.02h x 45.72w
- 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 14 after 8 pm**
- Proof of Performance photos
- Removal of graphic at show end (Optional)

Total Price Per Sign: \$196.56

Payment By May 2, 2025:

Payment Method: Check or Credit Card 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: _____ (\$196.56 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

Email: ralph@fbcassociates.com