GRAY MATTER ENTERPRISES LLC.

Entertainment, Advertising, & Event Promotions

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www.GrayMatterEnt.com

Email To: Jack@GrayMatterEnt.com

☐ - Print
☐ - e-Media
☐ - TV
☐ - Radio
☐ - Events
☐ - Other _____

☐ - New Client
☐ - Current Client
☐ - See Attached

_____ ID: _____

Company Name_____ Contact _____

Address_____

City, State, Zip _____

Phone _____ Fax _____

E-mail _____ Website _____

GOOD TIMES UPDATE
Electronic Magazine

BORN TO RIDE

THE FLORIDIAN MAGAZINE
A GRAPHICAL HISTORY OF FLORIDA & ITS PEOPLE

THE PARROT
Entertainment Magazine

WENG News - Talk
1530 AM • 107.5 FM
The Information Station

Newsletter Sponsor _____
Event Calendar _____
Live Music Calendar _____
Special Event Promotion _____
Website Banner Ad _____

TV – Radio – Print – eMedia – Newsletter - Promotions - Special Events

Promotions & Marketing Solutions:
____ Website Ad / Online Marketing
____ Event Promotions & Marketing
____ TV / Video Ad Production
____ Radio Advertising / Show Sponsor
____ Event Sponsorship - Level _____
____ Event Vendor / Booth
____ TV Show Sponsor / TV Commercial
____ Other _____

Event Sponsorship Opportunities

Event Name	Date	Location	Booth /Sponsor Amount
Eng Music Festival	March 10, 2012	Paul Morris Park	
La Florida Fest	Columbus Day Weekend	TBD	
Gasparilla Pirate Fest	TBA	TBD	
HOGS-4-DOGS	3rd Saturday in June	Neighbor's Bar & Grill	
EngleWoodstock	TBA	TBD	
Blues Festival	TBA	TBD	
Other _____			

New Ad Artwork	
Update existing ad	
Setup Layout	
Ad Size	
Run Time	
Rate	
Booth /Sponsorship	
Total	
Initial Deposit	
Balance @ Proof	
Installments	
Ad Proof Date	
Ad Start Date	

AUTHORIZING SIGNATURE: _____ DATE: _____/_____/_____

Printed Name: _____ TITLE: _____

ACQUIRING AUTHORIZATION TO CAPTURE SCHEDULED / PERIODIC PAYMENTS BY ELECTRONIC CREDIT/DEBIT: Yes, I would like to take advantage of the security and convenience of electronic funds transfer scheduled or periodic payments. As duly authorized credit card or check signer on the financial institution account identified herein, I authorize GRAY MATTER ENTERPRISES LLC. to perform scheduled or periodic electronic funds transfer debits from the financial institution account identified herein for payments due or when applicable, apply electronic funds transfer credits to same. I also authorize fees due under this agreement to be collected via ACH. Furthermore, if any such electronic debit(s) should be returned as NSF, I authorize GRAY MATTER ENTERPRISES LLC to collect such NSF item(s) by electronic debit and subsequently collected returned debit item fee of $15.00 per item by electronic debit from the financial institution account identified herein. For accounting purposes, all electronic debits will be reflected in the monthly bank statement that corresponds with the financial institution account identified herein. The parties acknowledge this agreement will be governed by the laws of Florida. Any suit brought forth under this agreement will be done in Charlotte County, Florida. I understand and authorize all of the above as evidenced by my signature below.

AUTHORIZING SIGNATURE: _____ DATE: _____/_____/_____

Printed Name: _____ TITLE: _____

☐ Pay By Credit Card
☐ Pay By Checking ACH

Card type: MC / Visa Card Number _____

Exp Date _____ CCV Code _____

Attach Blank VOID Check Here.

Financial Institution Account " Identifying Information" *Enter the following information and attach a blank VOID check.*

Transit /ABA #	Account #