



## Value Press Wire Client Company Authorization Form:

**[The following forms must be filled out completely and signed by an authorized decision making Executive of the specified company.]**

I hereby authorize Press Releases to issue on our behalf.

Company Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

State of Incorporation: \_\_\_\_\_

### Contact Information:

Name of Contact Person: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Company Type (please circle one): Public or Private

If Public: Exchange: Trading Symbol: \_\_\_\_\_

### Secondary Ticker Policy:

By signing below I acknowledge that; I understand that any secondary tickers included in the above mentioned company's Press Releases will require a One Time or Standing Ticker Authorization form to be filled out completely, signed, and faxed back by an authorized decision making Executive of the secondary ticker's company. I understand that no press release may cross the wire with a secondary ticker included in it without the One Time or Standing Ticker Authorization form having been received per release, per secondary ticker. I also understand that these requirements have been put into place to protect all parties involved in the distribution of the above mentioned company's press releases.

NOTE: One Time Authorization form is available upon request.

Sincerely,

\_\_\_\_\_  
(Authorized Company Executive Print Name Here)

\_\_\_\_\_  
(Authorized Company Executive Signature Here)

\_\_\_\_\_  
(Authorized Company Executive Title Here)

\_\_\_\_\_  
(Authorized Company Executive Contact Phone Number Here)

\_\_\_\_\_  
(Date)

Please fill out the form, sign, and fax it back. This is a one time request. Should you need further assistance, please do not hesitate to contact a Client Services Representative.



## Client Company Press Release Submission Authorization Form:

If there are **no** other authorized personnel who can submit your company's news please initial the statement below:

\_\_\_\_\_ There shall be no authorized person(s) to submit releases on the above  
(Initial here)  
named company's behalf except for signer of this document.

- Or -

I, \_\_\_\_\_ also authorize the following person(s) to submit Press  
(Authorized Company Executive Print Name Here)

Releases on \_\_\_\_\_'s behalf for distribution through their wire service provider until further  
(Company ticker symbol here)

notice is submitted in writing.

### Duly Authorized Person(s)

(please list all duly authorized person(s) below):

1. VPW Sales Representative: \_\_\_\_\_

1. Contact phone number(s): \_\_\_\_\_ 866.590.8766

1. Contact e-mail address: [release@valuepresswire.com](mailto:release@valuepresswire.com)

\* Value Press Wire is required to remain authorized for distribution purposes.

2. Contact Name: \_\_\_\_\_

2. Contact phone number(s): \_\_\_\_\_

2. Contact e-mail address: \_\_\_\_\_

3. Contact Name: \_\_\_\_\_

3. Contact phone number(s): \_\_\_\_\_

3. Contact e-mail address: \_\_\_\_\_

I, \_\_\_\_\_ understand that I am responsible for notifying Client

Services immediately, in writing, if there are any changes to the list of authorized personnel

on \_\_\_\_\_'s account.

(Company ticker here)

Internal use only: Signer Verified by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

PR & ED     PR Only     ED Only     Other:



## Client Company Invoice/Payment Information Form:

Receipt Delivery Preference:  Email  Mail

First usage must be paid in advance by credit card unless prior arrangements are made. Upon approval of your account, you will be contacted for your full credit card number.

Visa  MC  AmEx

Digits of Credit Card

3/4 Digit Security Code

Exp. Date (MM/YYYY):  /

### Cardholder Billing information if different from Authorization Form.

Name:

Address:

City/Town:  State:  Zip:

---

(Print/Type Name as it Appears on Card)

---

(Signature of Cardholder)