



LAUNCH AUTHORIZATION FORM

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Date: _____
System Contact: _____

Contract Status: _____
New Launch: _____

MSO INFORMATION Company Name: _____
Address: _____
City/State/Zip: _____

SYSTEM INFORMATION:

Headend / System: _____
Address: _____
City/State/Zip: _____
Receiver Unit Address: _____
Receiver Model: _____
Launch Date: _____
Level of Service: _____
(i.e. HD Movie Tier, HD Pack, etc.)
Channel Number: _____

Total # of Headends: _____
(List Each One)

Basic Subscribers: _____
Digital Subscribers: _____
Cine Sony Subscribers: _____
DMA Rank/Name: _____
(Nearest Metropolitan Area)

Cine Sony Feed: _____

CONTACT INFORMATION:

	NAME		
VP/GM:	_____	_____	_____
Marketing:	_____	_____	_____
Billing/ Accounting:	_____	_____	_____
Technical:	_____	_____	_____

AFFILIATE SALES LAUNCH AUTHORIZATION SIGNATURE

_____ Print Full Name	_____ Signature
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