



ReelzChannel Launch Form (All fields are required for authorization.)

Telephone: 505-212-8766 Fax: 505.212.8801 Email: affiliateinfo@reelz.com

Affiliate Profile

MSO: _____ System Name: _____

Launch Date: _____ Communities Served: _____

Zip Codes: ____ (please attach separate sheet or file) _____

DMA: _____

System Address
(city, state, zip): _____

County: _____ Admin. Phone Number: _____ Fax Number: _____

Service Information & Technical Information

Homes Passed Subs: _____ Basic Subs: _____ REELZ Subs: _____

HD or SD Feed: _____ Channel Position: _____ Time Zone: _____

Headend

Video Cipher Unit Address (16 Digits): _____

Fiberfed From Other Location: YES NO If YES, where: _____

System Type (Circle): SMATV / TVRO / CABLE / TELCO / DBS / OTHER

Packaging Type (Circle): Basic / Expanded Basic / Digital / Other (Please Specify): _____

Contacts

General Manager: _____

Phone: _____ Email: _____

Marketing Contact: _____

Title _____

Phone: _____ Email: _____

Technical Contact for Headend Installation & Support: _____

Title _____

Phone: _____ Email: _____

Preferred Format for Cross Channel Spots: DVD _____ Beta _____ Satellite Feed _____

I hereby authorize ReelzChannel to use the above information to authorize the launch of the system referenced herein.

SIGNED: _____ TITLE: _____

DATE: _____