

PITCH REQUEST FORM

Kindly send back this form to the 4As Secretariat.

Company Name			
Contact Person			
Address			
Telephone Nos		Fax No.	

We confirm that we have invited the following 4As member-agencies to submit their speculative pitch proposals to our company. The pitch details are as follows:

4As Member Agency Name	Briefing Date

Product/Category			
Campaign Budget			
Total Pitch Fee (+VAT per Agency)			

We hereby agree and accept the terms of the 4As Pitch Policy implementing rules and regulations, including the payment of the Pitch Fee, to be paid within ten (10) working days from receipt of the invoices of the participating agencies. Kindly invoice us the total amount immediately.

Conforme:

Printed Name & Signature