This translated document is supplied as a rough guide. Only the French version has legal value .

Certificate of classical space mandate

Model to establish by the **advertiser** on its company's **heading paper**
An **original** must be passed on to every **sales houses** which reserved support(s).

We undersigned

Registered company name: _____

Head Office _____

_____

Zip _____ City _____ Country _____

SIRET : ☐ ☐ ☐ ☐ *14 digits*
or IVA Operator N° ☐ ☐ ☐ ☐
Or national identifying N° ☐ *please inform one mention only*

Represented by: Last name _____ First name _____
Acting in quality of : _____

Duly authorized in the effect of the present, below mentioned "the advertiser"
*If the billing address is different from that of the head office indicated above, please register it in the board page 3.

Giving evidence to have mandated

Registered company name: _____

Head Office _____

_____

Zip _____ City _____ Country _____

SIRET : ☐ ☐ ☐ ☐ *14 digits*
or IVA Operator N° ☐ ☐ ☐ ☐
Or national identifying N° ☐ *please inform one mention only*

Below mentionned "the proxy"

Authorizing the replacement of the proxy

Registered company name: _____

Head Office _____

_____

Zip _____ City _____ Country _____

SIRET : ☐ ☐ ☐ ☐ *14 digits*
or IVA Operator N° ☐ ☐ ☐ ☐
Or national identifying N° ☐ *please inform one mention only*

Below mentionned "the sub-proxy"

To make in our name besides the sales house or following sales houses : _____

Partial mandate : only tick the mission for which you gave mandate

	proxy	sub-proxy	
> Space buying	☐	☐	
> Booking space	☐	☐	
> Signature of a commercial contract	☐	☐	
> Signature of the order form (including by EDIPublicité)	☐	☐	
> Management and follow-up of the order form	☐	☐	
Eventually precise: for 20 ..	☐	☐	or
campaign	☐	☐	or
from……to…..:	☐ / (day / month)	☐ / (day / month)	20 ..
> Management and control of the invoicing	☐	☐	
> Make sure of the payment of invoices in good date	☐	☐	

Syndicat National de la Publicité Télévisée (SNPTV)
1, quai du Point du Jour - F-92656 Boulogne Cedex
T. +33 (0)1 41 41 4 3 2 1 - F. +33 (0)1 41 41 4 3 3 0 - pubtv@snptv.org

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On the following supports *tick or list tem* Every sales houses' supports ☐

For the following product(s) / service(s) _____

Guarantee the perfect equivalence of missions among our proxy and the sub-proxy ☐

Shall notify to sales houses, by registered letter with signed receipt, any modification of the mandate contract arising during the year ☐

Bill payments By the advertiser ☐

The payment made to the proxy does not release the advertiser toward his sales house(s)

By the proxy ☐
By the sub-proxy ☐
Charged in the management of the invoicing

Optional: The advertiser gives special mandate to the proxy è / to the sub-proxy è in the effect to collect with one or several TV sales houses, in its name and for its account, the amount of credits established by one or several TV sales houses. The advertiser recognizes expressly that the payment the aforementioned credits to its proxy or to its sub-proxy by one or several TV sales houses has an release effect and that it will assume alone the risks of later default of its proxy.

Let us declare to have acquainted with the general conditions of sale, commercial conditions and/or sales house(s) rates _____ applicable in 2010 and we accept the conditions

Date : ☐ ☐ 20 ..

precede the signature of the handwritten mention "read and approved"
Proxy
signature and stamp

precede the signature of the handwritten mention "read and approved"
advertiser
signature and stamp

precede the signature of the handwritten mention "read and approved"
Sub-proxy
signature and stamp

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Within the framework of a group of advertisers, please indicate for every subsidiary their address of invoicing.

ADDITIONAL INFORMATION OF INVOICING

ADVERTISER's NAME	PRODUCTS' NAME	ADDRESS OF INVOICING

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