To: Muriel Hawkins

[Muriel.Hawkins@Nielsen.com](mailto:Muriel.Hawkins@Nielsen.com)

RE: **Client Authorization for Consultant Access to Nielsen Audio Data**

**Information below must be filled out accurately and in its entirety for processing**

I am requesting that my consultant listed below, be provided with the following services

**\*Station(s) must be licensed to the service**

**PPM Services:** **Diary Services:**

Ebook  Ebook

PPM Analysis Tool  Arbitrends

PPM Weeklies App  TapWeb RLD  “**OR”**

Meter/Diary (DMA SDS/RLD\*)  \*Must have PPM License SDS

TapWeb RLD  “**OR”** PD Advantage Light

SDS  PDA Web

PDA Web  Scarborough Reports

Scarborough Reports  Diary Review

**For the Following Licensed Market(s)/Station(s)\*:**

Market(s) Station(s)

|  |  |
| --- | --- |
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|  |  |
|  |  |

**And Provided to the below Contact\*(s):**

Name: Physical Address Email

|  |  |  |
| --- | --- | --- |
| Jessica Foster | 4141 Rockside Rd, #300, Seven Hills, OH 44331 | jessicafoster@futurimedia.com |
| Kathy Eagle | 4141 Rockside Rd, #300, Seven Hills, OH 44331 | kathy@futurimedia.com |

\*For additional Market/Station/Contact information – please use attached excel sheet & return



**Please provide data on my behalf starting 02/22 through:**

The end of station(s) current Nielsen agreement:

Other:       (MM/YR) \*not to extend beyond current license expiration

Consultant (Company): Futuri Media

Consultant Address: 4141 Rockside Rd, Seven Hills, OH 44131

*I understand that the above Consultant is authorized to use only the services to which I am licensed at the time of use by Nielsen and that Consultant must enter into the applicable agreement with Nielsen prior to being provided any Nielsen Information. I understand that Consultant’s use of the Nielsen Information is subject to the Permissible Uses of my Nielsen Agreement. I understand that additional fees, including but not limited to fees in the form of additional taxes, may apply to provide these services to my Consultant. In the event that my station licenses additional Nielsen Audio services that I choose to share with my Consultant, I will submit a revised authorization form. By signing this form, I agree that Consultant is acting as an agent for my company and that I have the authority to sign on behalf of company.*

|  |  |  |  |
| --- | --- | --- | --- |
| Requested by: |  |  |  |
|  |  | Name: | Title: |
|  |  |  |  |
|  |  | Nielsen Client: | Market/Station(s): |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Authorized Signature | Date |

\*\*Please note: This authorization form must be signed by an authorized signatory of the agreement between Nielsen and Client.