

Spice Digital Networks Launch Form

Date:
 To: Debbie Shelebian
 Account Manager:
 CC: D. Williams, L. Glass, C. Rodriquez



<i>Finance/Operations Stamp</i>

Digital	yes/no
Analog	yes/no

New System Launch	yes/no
Expanding System Launch	yes/no

SYSTEM INFO

MSO Number (if any):		Basic Households:	
System Number (if any):		Analog Address HH:	
System Name:		Digital Address HH:	
Address:			
City, ST Zip			
Phone #:			
Fax #:			
General Manager:		Phone:	
Marketing Director:		Phone:	
Chief Technician:		Phone:	
Customer Service Manager:		Phone:	
Primary Contact:		Phone:	

NETWORK LAUNCH

	clubjenna	fresh!	SPICE:XCCESS	shorteez.	
Launch Date:					
Block Size:					
Retail Rate:					
Ordering Method:					
Types of Marketing:					

TECHNICAL

Satellite Vendor:					
Descrambler Unit Address:					
Unit Serial Number:					
Channel Location/Number:					
Converter Brand:					
Converter Model:					

SERVICE AREA

Headends Launching:	
Cities Served:	
Counties Served:	

SYSTEM BILLING INFORMATION

Billing Location:		Phone #:	
Billing Address:		Fax #:	
		Billing System:	
Accounting Contact:		Title:	

Special Information (if any):
