



Affiliate Launch & Authorization/Deauthorization Form

Launch City & State: _____

INSP ☐

MSO: _____

Launch Date: _____

INSP HD ☐

Request Date: _____
(Internal Use Only)

Please Choose One
(One form per network, please)

SYSTEM INFORMATION

System Address: _____	Main Telephone #: _____
System City/State/Zip: _____	Main Fax #: _____
General Manager: _____	General Manager Telephone #: _____
GM Email: _____	GM Fax #: _____
Marketing Manager: _____	Marketing Mgr Telephone #: _____
MM Email: _____	MM Fax #: _____

Contract Info

MSO ☐
NCTC ☐

NRTC ☐
Other ☐

NTTC ☐

Communities Served

(Attach additional sheet if necessary.)

Subscriber Details

Channel #: _____
Tier Level: _____
Basic Subscribers: _____
Digital Subscribers: _____

AUTHORIZATION-DEAUTHORIZATION DETAILS (Include all that apply)

Headend Name: _____
Headend Address: _____
City/ST/Zip: _____

Headend Contact: _____
Headend Phone: _____
Headend Email: _____

Network: _____
Receiver Model : _____
UA #: _____
ACP #: _____

De/Auth Engineer: _____
Completion Date: _____

Authorization ☐

Deauthorization ☐

Complete By: _____

Notes:

Please email this form to pthang@insp.com - Thanks!

Affiliate Verification: _____

Title: _____

Today's Date: _____