

Application and Agreement to use the

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By the Applicant / User of the Information:

Signature _____

Date _____

Name *(please print)* _____

Address _____

Phone _____

Fax _____

Email _____

Accepted by BuzzMetrics

Signature _____

Date _____

Name *(please print)* _____

Title _____

Please print, complete, and fax this form to the address below:

TO: BuzzMetrics

ATTN: Natalie Glance

FAX NO: +1 (412) 802-7986

Completed, signed copies of this form should be retained by the Applicant.