

RDI™ Key Personnel

LICENSING CONTACT: (Primary contact for licensing issues)

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP+4: _____ - _____

Phone: (____) _____ - _____ Ext: _____ Fax: (____) _____ - _____

Email address: _____

Alternate Contact Name: _____ Email: _____

Parent Company (If Applicable): _____

TECHNICAL CONTACT: (Primary contact for technical issues)

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP+4: _____ - _____

Phone: (____) _____ - _____ Ext: _____ Fax: (____) _____ - _____

Email address: _____

Alternate Contact Name: _____ Email: _____

Alternate Contact Name: _____ Email: _____

BILLING CONTACT: (Primary contact for billing issues)

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP+4: _____ - _____

Phone: (____) _____ - _____ Ext: _____ Fax: (____) _____ - _____

Email address: _____

Alternate Contact Name: _____ Email: _____

Alternate Contact Name: _____ Email: _____

MEDIA CONTACT: (Primary contact for media fulfillment)

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP+4: _____ - _____

Phone: (____) _____ - _____ Ext: _____ Fax: (____) _____ - _____

Email address: _____

Alternate Contact Name: _____ Email: _____

Alternate Contact Name: _____ Email: _____