

# MAP APPLICATION

Name of Advertiser/Business/Corporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Advertising Agency (*if applicable*): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Number of buses you wish to lease: \_\_\_\_\_

Desired Term: \_\_\_\_\_

List all businesses providing your design, production and installation/application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of desired advertisement (please attached drawing or picture if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Advertiser  
Title

\_\_\_\_\_  
Date

## Return Application to:

**City of Fort Smith Transit Department**  
**3116 Wheeler Avenue**  
**P.O. Box 1908**  
**Fort Smith, AR 72902**  
**Phone: 501-494-7690**  
**Fax: 501-494-7347**