



## **PAYMENT TERMS FORM**

All fields required

Entity or Business Unit: \_\_\_\_\_ Customer Account: \_\_\_\_\_

Requestor: (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Client Current Terms: \_\_\_\_\_ Client New Terms: \_\_\_\_\_ \*MSA must be attached

Global or Agency Change? \_\_\_\_\_

Project Contracts (Please list all codes that apply)

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Effective date of change request: \_\_\_\_\_

Does this affect aging receivables? \_\_\_\_\_ If yes, attach aging report

### **REQUIRED SIGNATURES:**

Client Billing Director: \_\_\_\_\_

Finance Director: \_\_\_\_\_

Network CFO: \_\_\_\_\_

\* Per Omnicom Credit Policy if applicable\* -Over N60 or due to Euler Score

\* OMNICOM CORP APPROVAL: \_\_\_\_\_

\* *SSC purposes only:* Request Approved By: \_\_\_\_\_

*Euler Score: \_\_\_\_\_ Terms over 60 OR Euler Score 7-10 require Omnicom Corporate Approval*