

**A2P 10DLC Campaign Registration Form**

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| **Contact Name:** |  |
| **Contact Email:** |  |
| **Contact Phone Number:** |  |
| **Legal Name of Company:** |  |
| **EIN of Company:** |  |
| **DBA (what you call yourself):** |  |
| **Type of Company (Public, Private, Non-Profit, Government):** |  |
| **Vertical (Legal, Healthcare, Education etc.):** |  |
| **Physical Address (Street, City, State, Postal Code):** |  |
| **Website URL:** |  |
| **Purpose of Campaign/Texting Use:** |  |
| **How does a client Opt-In for texting?** **IE: sign up on the website (provide URL), fill out a form (attach a copy), sign up at point of sale (how given), verbal (describe how/when given)** |  |
| **Sample Text Message:** |  |