

DISPLAY AD INSERTION REQUEST *for*

EQUESTRIAN CENTRAL

Please Print the following information:

Company Name

Address

City/State/Zip

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Area Code

Telephone Number

Area Code

Fax Number

Contact name of the person authorized to place advertisements for this company

Title

I/We wish to place the following insertion order:

Price: _____ Size: _____ ☐ Four Color ☐ B/W

Special/Premium Position

Instructions/Comments

Multiple Insertions:

of insertions _____ to begin _____
(Month/Year)

or Single Insertion Only: _____ Month/Year of Issue _____

Payment terms: Full payment for the initial ad is required with placement of this order.

No advertisement will appear without prepayment.

A 2% late payment interest charge (24% annual) is incurred upon delinquency.

☐ Check Check # _____

Credit Card # _____ Exp Date _____ ☐ Discover ☐ Visa/Master Card

X

Signature of Company's Authorized Agent

Date

Deadlines (in month prior to issue date): Insertion Order - 10th day / Materials - 15th day

Please Keep a Copy of This for Your Records