

***IMPACT* INSERTION ORDER**

Date: _____

Sales Representative: _____

Advertiser: _____

Brand: _____

* If sending New Creative check Here: _____ What Format? _____

Ad Title and Number: _____

Address: _____

Billing Address (if different from above): _____

Telephone: _____ Fax: _____

Issue Date: _____

Size of Space: Vertical [] Horizontal []

Color: 4 Color [] 2 Color [] B&W []

Cost (U.S. Dollars): \$ _____ GROSS/ \$ _____ *NET*

Signature: _____

Title: _____ Date: _____