DISPLAY ADVERTISING ORDER

Advt. Code: _____ Date: _____ Log# _____

Advt. Name: _____

Bill To: Name: _____

            Address: _____

            _____

Phone: 845-_____ Fax: 845-_____

Cell: _____ E-Mail: _____

Insertion Dates: _____ Wks _____ IO# _____

Pubs: SDN   BFP   NDN   HL   H&G Other: _____

Ad Size: _____ Per Ins: Gross _____ Net _____

Color: Spot _____ 4 Color _____ Gross _____ Net _____

Inserts: _____ Quantity: _____ Price Per Thousand _____

Contract: Yes _____ No _____ Tearsheets _____ Caption _____

Payment: Cash _____ Chk# _____ *Credit Card _____ Bill _____

                                              (only if authorized)

Notes: _____

_____

Credit Card #: _____ Exp Date: _____

Zip Code: _____ Security Code: _____ Amount: _____

Account Executive: _____

Client Authorization: _____