



**DISPLAY AD INSERTION REQUEST for**

MONTHLY PUBLICATION OF THE SENIORS ASSOCIATION

Please print the following information:

Company Name

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

Email

Address

City/Prov/Postal Code

Area Code

Telephone Number

Area Code

Fax Number

**I/We wish to place the following insertion order:**

Price \_\_\_\_\_ Size \_\_\_\_\_  Four Colour  B & W

Instructions/Comments

**Single Insertion Only** Month/Year of Issue \_\_\_\_\_

**Multiple Insertions:** # of insertions \_\_\_\_\_ to begin \_\_\_\_\_ every \_\_\_\_\_  
(Month/Year) (Frequency)

**Preferred Placement:** (extra 20%)

Month/Year of Issue \_\_\_\_\_ Frequency \_\_\_\_\_

Placement Details \_\_\_\_\_ Price \_\_\_\_\_

**Ad Creation Fee** (contact for a quote) \_\_\_\_\_

**Total** \_\_\_\_\_

**Payment terms:**

- Payments are automatically processed by the 20<sup>th</sup> of the month of issue (eg. payments for February issue will be withdrawn by the 20th of February) on the credit card on file. *Credit card information is held in a secure location, accessible only to administration staff.*
- If this is a first insertion, full payment for the initial ad is required with placement of this order.

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV: \_\_\_\_\_  
Visa/Master Card

Signature of Company's Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_