



**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 \_\_\_\_\_

**Payment terms:** Full payment is due within 30 days from date of invoice.

If this is a first insertion, full payment for the initial ad is required with placement of this order.

Credit Card (Visa/Master Card)  One-time use  Continual billing

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV: \_\_\_\_\_

Cheque - payable to **Seniors Association Kingston Region**  Invoice  Cash/debit

Signature of Company's Authorized Agent

Date

**Deadlines:** Insertion Order – last Friday two months prior to issue date  
Material – 1<sup>st</sup> Friday one month prior to issue date