

American Way
ADVERTISING INSERTION ORDER

ADVERTISER:
ADDRESS:

AGENCY:
ADDRESS:

CONTACT:
EMAIL ADDRESS:

PHONE:
FAX:

ISSUE DATE(S):

SIZE/SHAPE OF AD: 2 Pg Spread Full Pg 2/3 1/2 Horiz Spread
 1/2 Horiz 1/2 Vert 1/3 Square 1/3 Vert

COLOR/BLEED: B/W 2C 4C 5C BLEED: YES NO

POSITION REQUEST:

MATERIAL INSTRUCTIONS: NEW ARRIVAL DATE: _____
 PICKUP ISSUE DATE: _____

MATERIALS CONTACT: PHONE:
EMAIL ADDRESS: FAX:

HEADLINE:

READER SERVICE: No Yes If yes: Pickup New Information*
* If New Information, must submit completed Reader Service form

RATE (Gross & Net per Issue):

BILLING ADDRESS: PHONE:
FAX:

SPECIAL BILLING INSTRUCTIONS: _____

SALES REPRESENTATIVE: _____ _____
 Signature Date

Printed Name

ADVERTISER/AGENCY: _____ _____
 Authorized Signature Date

Printed Name

Title

This insertion order is bound by the terms and conditions stated in the (Product Name) rate card, including the Publisher's right to hold the advertiser and/or its agency jointly and severally liable for monies due and payable to the Publisher. Should you not complete the contract schedule, you will incur additional cost per insertion. A \$150.00 per page late fee will be incurred on any materials received after material deadline.