FULSHEAR
MAGAZINE

ADVERTISING INSERTION ORDER

DATE _____

COMPANY NAME _____

CONTACT NAME _____

CONTACT ADDRESS _____

_____

PHONE NUMBER _____

EMAIL _____

PLACEMENT DESCRIPTION	# OF ISSUES	PRICE PER ISSUE	SUBTOTAL
		TOTAL	

DESCRIBE CAMPAIGN DATE RANGE: _____

PAYMENT TERMS

50% PLACEMENT DEPOSIT $ _____
50% DUE UPON PRINTING $ _____

PAYMENT METHOD

☐ CHECK# _____ *(PLEASE MAKE CHECK OUT TO **FULSHEAR MEDIA PARTNERS**)*

☐ CREDIT CARD # _____ EXP DATE _____ SECURITY CODE _____
NAME ON CARD _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

WITH MY SIGNATURE BELOW I ACKNOWLEDGE THAT I AM AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF SAID ADVERTISER AND AGREE THE TERMS PROVIDED.

X _____ _____ _____
ADVERTISER SIGNATURE PRINT DATE

X _____ _____ _____
PUBLISHER REPRESENTATIVE SIGNATURE PRINT DATE

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