

INSERTION ORDER

Pub ID: _____

Ad ID _____



Please sign and fax this authorization form back to

204-480-4420

MediaEdge Representative

N P C

CLIENT INFORMATION

Advertiser:
Address:
City/Prov./State:
Postal/Zip Code:
Phone: Fax:
Email:
Contact:

INVOICE AGENCY

Yes No

Agency Name:
Address:
City/Prov./State:
Postal/Zip Code:
Phone: Fax:
Email:
Contact:

ADVERTISING INFORMATION AND SPECS COST AND DESCRIPTION

Size: Shape:
Colour: B&W: Bleed:

** Guaranteed position:

Requested Position:

Purchase Order Number:

* Proof Charge:

TOTAL NET COST PER ISSUE:
(Plus applicable taxes)

Vertical column of 7 input boxes for advertising details.

APPROVED FOR THE FOLLOWING ISSUES:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDEX INFORMATION

Company Name:
**As it is to appear in the Index to Advertisers:*

City/Prov./State: Web Address:

Comments:

I have read and agree to the above listed terms for advertising with MediaEdge Publishing Inc.

Signature: _____

Title: _____ Date: _____

Note: All cancellations of ads must be received in writing to your MediaEdge Sales Executive before the material deadline date.

**Guaranteed Positions are non cancellable.

*Your first proof will be free of charge with a \$25.00 charge for any further proofs on that advertisement.