

# New Leaf Distributing Company ~ Web Advertising Order Form

Send this form by mail to Ad Coordinator, 401 Thornton Road \* Lithia Springs \* GA \* 30122  
or by fax to Ad Coordinator 770-944-2354  
or by email to ads@newleaf-dist.com \* phone 770-948-7845

Date: \_\_\_\_\_ Person placing ad order: \_\_\_\_\_  
Vendor Account Name: \_\_\_\_\_  
Vendor Account Code: \_\_\_\_\_  
Who to call if we have questions: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**NOTE: Your product must be on our website with scan and description for this program!**  
*Please verify using the search engine on www.newleaf-dist.com before ordering.*

Please advertise the following items on your customer website.

Product Name: \_\_\_\_\_  
ISBN#/ UPC code/ etc: \_\_\_\_\_

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ISBN#/ UPC code/ etc: \_\_\_\_\_

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Product Name: \_\_\_\_\_  
ISBN#/ UPC code/ etc: \_\_\_\_\_

Product Name: \_\_\_\_\_  
ISBN#/ UPC code/ etc: \_\_\_\_\_

**Please use a separate form for additional items. Only five (5) items per page.**

Fee is \$50/ per title for a two week minimum \$ 50.00  
Number of titles to advertise: \_\_\_\_\_  
Number of weeks to run advertisement: \_\_\_\_\_  
Total: \$ \_\_\_\_\_

## Payment Information

Check/Money order enclosed  
 Credit against account (requires approval)  
 Visa/ MasterCard # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_  
Authorized Cardholder Signature: \_\_\_\_\_  
Address where invoices arrive for payment of account:  
\_\_\_\_\_  
\_\_\_\_\_

## (Internal Information)

Product Manager: \_\_\_\_\_ Type of account: Cons/ Terms/ Margins  
Date of Last Product: \_\_\_\_\_