

# INTRODUCTORY SPECIALS ADVERTISING CONTRACT

New Leaf Distributing, 401 Thornton Road Lithia Springs, Georgia 30122-1557 • 770-948-7845 X-3047 • Fax 770-944-2354

*No Cancellations. If you place an ad order for a publication and then do not turn in your ad, you will be charged for the ad. You may submit your ad at a later date within the same calendar year. There will be no refund.*

## 1. VENDOR • AD INSERTION INFORMATION

Date: \_\_\_\_\_

*Each ad must be accompanied by an individual advertising insertion order contract.*

Vendor Code: \_\_\_\_\_

Vendor / Company Name \_\_\_\_\_ Prominent title / Product in ad \_\_\_\_\_

### Please indicate which of the following packages you would like to order:

- Initiation Package \$350     
  Web Bliss \$400     
  Take Me Higher \$700

**New Leaves Update Catalog Month to advertise:** \_\_\_\_\_

— For information about these packages, please go to [www.newleafvendors.com/docs/intro\\_promo\\_req.pdf](http://www.newleafvendors.com/docs/intro_promo_req.pdf) —

## 2. TITLES/PRODUCTS IN AD MUST BE LISTED BELOW *Attach a separate list if more space is needed.*

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## 3. WE CAN DESIGN YOUR AD Payment for service is due prior to beginning work on advertisement. Cost is subject to change depending on particular ad requirements.

*We have a separate form with all the information you need about ad design.*

- \$350 . . . Full Page     
  \$600 . . . Full Page Spread (2 Full Pages)  
 \$200 . . . Half Page     
  \$60 . . . Any size web ad or banner ad (when not included in an advertising package)  
 \$125 . . . Quarter Page     
  \$60 Per Hour . . . *Edit or change an existing ad* (\$30 minimum)

\$ \_\_\_\_\_

## 4. PAYMENT

Authorizing Signature *(This is a contract - Signature obligates payment)* \_\_\_\_\_

Who to call if we have questions \_\_\_\_\_ Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Check/Money Order made payable to New Leaf Distributing Company enclosed. **Please include product name on lower left of check** (memo line).

Please charge my credit card:  VISA  MC Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_