

ELEAVES

ADVERTISING INSERTION ORDER 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 • ADVERTISING INFORMATION

Each Eleaves advertisement must be accompanied by an Advertising Insertion Order Contract.

Date: _____

Vendor / Company Name _____ Vendor Code _____

Please indicate which of the following advertising options you would like to order: Enter month ad to run: _____

- Top Banner (740 x 101 pixels) 4 weeks/\$250: \$ _____
- Bottom Banner (740 x 101 pixels) 4 weeks/\$200: \$ _____
- Sidebar1 (small) (170 x 170 pixels) 4 weeks/\$125: \$ _____
- Sidebar2 (medium) (170 x 340 pixels) 4 weeks/\$150: \$ _____
- Sidebar3 (large) (170 x 510 pixels) 4 weeks/\$170: \$ _____

Files supplied: CD Email New Leaf to create banner Total Eleaves Advertising Fee: \$ _____

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

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. TOTAL COST OF PROMOTIONAL DISTRIBUTION

Add the totals of section 1 and 2. Enter the total amount of all charges for this distribution package. \$ _____

Total amount due: \$ _____

5. 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: _____