

# Web 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 Web Advertisement must be accompanied by an Advertising Insertion Order Contract. Date: \_\_\_\_\_

Vendor / Company Name \_\_\_\_\_ Vendor Code \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Fax \_\_\_\_\_

## 2. Web Advertisements run for a duration period of 1 month.

Multiply the cost by the number of periods (Months) you want your ad to you want your ad to run.

Month(s) to run ad \_\_\_\_\_

<u>Ad Type</u>	<u>Size in Pixels</u>	<u>Cost</u>	<u>Duration</u>	<u>Total</u>
<input type="checkbox"/> Banner	800 W x 112 T	\$_____ X _____	_____	= \$_____
<input type="checkbox"/> Triple Deep	160 W x 240 T	\$_____ X _____	_____	= \$_____
<input type="checkbox"/> Double Deep	160 W x 160 T	\$_____ X _____	_____	= \$_____
<input type="checkbox"/> Double Wide	300 W x 80 T	\$_____ X _____	_____	= \$_____
<input type="checkbox"/> Small	160 W x 80 T	\$_____ X _____	_____	= \$_____

Please choose the location placement you want to run your ad:

Public Home Page  Log-In Page  Retailer's Log-In Home Page

## 3. Link My Ad To: All Active Titles/Products under this Publisher / Imprint / Vendor

Or To: This list of ISBN / UPC: \_\_\_\_\_

## 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 Vendor Code in memo line

\_\_\_\_ Charge my credit card \_\_ VISA \_\_ MC Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Card holder Signature: \_\_\_\_\_

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

Email and send the completed contract and advertising art to [Ads@newleaf-dist.com](mailto:Ads@newleaf-dist.com)

If mailing a check, then print this form and mail to: Advertising, 401 Thornton Road, Lithia Springs, GA 30122