INSERTION ORDER

Company/ Advertiser: _____
Ad Agency: _____
City:_____**State:**_____**Zip:**_____
Contact:_____**Phone**:_____**Fax:** _____

Date: _____ **Your Order/Reference No**.: _____

Media/Publication: _____ **Country**: _____

Please attach a copy of your approved advertisements with order

Issue Dates	Ad Size	Color	Caption/ Heading	Section	Position Request	Cost per insertion
					˚Media Total	
					Courier Cost $50 Wire Transfer $30	
					˚Production	
					˚Other	
					Total US Dollars	

Comments/Requests:_____
_____
_____
_____
_____

Address to send invoice and tear sheets: **Same as above**

Company:_____**Contact:**_____

City:_____**State:**_____**Zip:**_____**Country:**_____

Payment Method:
Company check
Wire transfer
Money order
On account

Thank you for your order!!
A representative will contact you shortly to confirm your order.

Fax Order to: (518) 523-4708

VISA **MasterCard**

CARD NUMBER

Expiration Date
Month / Year

Verification Number (last 3 digits on back of card)

NAME:_____
PLEASE PRINT AS SHOWN ON CREDIT CARD.

SIGNATURE:_____
AS SHOWN ON CREDIT CARD.

Internal use only	Processed	Date	Authorization Code	RM#

This document serves as a contract to reserve media space, which can only be canceled in writing prior to the media/publication s specified cancellation deadline. All non-media charges are billed in addition to the cost of media space. Please refer to Riverside Media s Client Procedures and General Conditions for further details.