

**DISPLAY ADVERTISING
CONFIRMATION/INSERTION ORDER**



P.O. Box 1253, Richmond, Texas 77406 • 281-690-4242 • FAX 832-363-1264

Advertiser/Company: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

E-mail: _____ Fax: _____

In consideration of price quoted, I/we hereby order the following advertising in _____

Start Date: _____ End Date: _____

Ad Size: _____ Rate: _____

Premium Page Rate: _____ Frequency: _____

Special Section*: _____

Notes: _____

*Special promotions will be honored if client's account is in good standing or paid in full. _____
(initial here)

Company Representative Signature: _____ Date: _____

Print Name: _____

Magazine Account Executive: _____ Date: _____

Method of Payment

Credit Card Payment

Name on Card: _____ Total Payment Amount: \$ _____

Card Number: _____ Expiration Date: _____

Credit Card Billing Address (Street): _____ Zip: _____

Signature: _____ Credit Card Security/CVV Code: _____

Please make checks payable to: *absolutely! focus media*

Check Number: _____ Total Payment Amount: \$ _____

Account Executives: Turn in copy to bookkeeping.

Payment is due on receipt of invoice. Accounts which are 90 days or greater past due will be subject to collections.

