

Address all Invoices to the ADVERTISER in care of:

AGENCY NAME HERE
STREET ADDRESS
CITY, STATE, ZIP
PHONE: | FAX:
WEB ADDRESS

ADVERTISER: **SAMPLE CLIENT**

MEDIA BUYER: **MY NAME**
 PHONE:
 EMAIL:

PUBLICATION: NEWSPAPER AAA
 PUBLICATION REP: JOHN SMITH
 PHONE & FAX: 717-555-1111 / 717-555-1234
 EMAIL ADDRESS: JSMITH@AAA.COM
 STREET ADDRESS: 123 FRONT ST
 CITY/STATE/ZIP: ANYCITY, ANY STATE, 12345

NEWSPAPER INSERTION ORDER

DATE: **11/12/08**
 INSERTION ORDER #: **M-1202 REVISED**

PLEASE INCLUDE OUR INSERTION ORDER NUMBER
 ON ALL STATION INVOICES - THANK YOU!

<input checked="" type="checkbox"/>	NEW ORDER
<input type="checkbox"/>	CANCEL
<input type="checkbox"/>	REPLACES & SUPERCEDES our Insertion Order # dated

COPY KEY: NEW AD

DEADLINE DATE: 01/24/09

AD TITLE	AD SIZE:	COLUMNS	INCHES	COL/INCHES
		5	12	57.5
COLUMN/INCH RATES:		RATE #1	RATE #2	RATE #3
ADDITIONAL CHARGES:		\$0.00	\$0.00	\$0.00

INSERTION DATES	# Of INSERTIONS:	@ RATE #1	@ RATE #2	@ RATE #3
		TBD	0	1
TOTAL WEEKS:		2		
TOTAL INSERTIONS:		4		
TOTAL COLUMN/INCHES:		230.0		
NET COST @ INSERTION:		\$0.00	\$2,070.00	\$1,035.00
TOTAL WEEKLY NET COST:		\$0.00	\$2,070.00	\$1,035.00

INSTRUCTIONS	RATE M/U:	0.00%
RIGHT-HAND READ PREFERRED	MEDIA GROSS: \$6,210.00 DISCOUNT: \$0.00 ADJUSTMENT: \$0.00 TOTAL DUE PUBLICATION: \$6,210.00	
<p>Invoices should be sent, in duplicate, to this agency at the address shown on this Insertion Order. Invoices be received by the 7th of the month following insertion. All invoices must exactly match this Insertion Order. This agency requires real tearsheets for every ad run. Electronic tearsheets are unacceptable. No invoice be paid without the correct tearsheet displaying the ad.</p> <p>Check That TOTAL DUE Is Correct Prior To 1st Insertion!</p>		

AGENCY NAME, as Agent for the Advertiser named above, has been authorized by the Advertiser to initiate and administer media placements on their behalf. By executing this insertion order/schedule, this Publication/Media Outlet recognizes **AGENCY NAME** as an Agent of the Advertiser and acknowledges that the Advertiser, not **AGENCY NAME**, is ultimately liable and responsible for any and all payments due this Publication/Media Outlet regarding this Advertiser. **AGENCY NAME** acknowledges fiscal responsibility to the Publication/Media Outlet only when, and to the degree, it has been paid by the Advertiser. **AGENCY NAME** will at all times use its best effort to ensure prompt payment and to assist the Publication/Media Outlet in its collection efforts should the Advertiser become delinquent in their payment(s). The Publication/Media Outlet is not authorized to implement this insertion order/schedule until **AGENCY NAME** has received a signed copy acknowledging its receipt and acceptance of the conditions herein!

PLEASE SIGN, DATE & RETURN A COPY OF THIS INSERTION ORDER/SCHEDULE ASAP. THANK YOU.

X	_____	Date	X	_____	Date
	PUBLICATION REPRESENTATIVE			MEDIA BUYER	