

## AD REQUEST FORM

◆ THIS FORM MUST BE FILLED OUT IN FULL OR CAN NOT BE ACCEPTED. PLEASE ALLOW UP TO TWO WEEKS PRIOR TO DEADLINE.

### SIZE

HEIGHT \_\_\_\_\_

WIDTH \_\_\_\_\_

BLEED            NO BLEED

### COLOR

BLACK AND WHITE \_\_\_\_\_

BLACK AND WHITE NEWSPRINT \_\_\_\_\_

4 COLOR \_\_\_\_\_

2 COLOR; (BLACK AND PMS \_\_\_\_\_)

FILE TYPE \_\_\_\_\_

SCREEN RESOLUTION \_\_\_\_\_ dpi

### TIMEFRAME

DEADLINE \_\_\_\_\_

DROP DEAD DATE \_\_\_\_\_

### ADVERTISING CONTACT PERSON INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

**AD REQUEST FORM CONT.**

**FRANCHISEE CONTACT INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

AD REFERENCE # \_\_\_\_\_

ADDITIONAL DETAILS OF THE AD \_\_\_\_\_

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