

## Insertion Order

Company \_\_\_\_\_ Date \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_

**Months of Insertion:**

January _____	February _____	March _____	April _____
May _____	June _____	July _____	August _____
September _____	October _____	November _____	December _____

Web Hyper-Link Address \_\_\_\_\_

Size of AD \_\_\_\_\_ Cost of AD \_\_\_\_\_ per month

**FURTHER INSTRUCTIONS (CHECK ONE)**

- I am Enclosing Camera-Ready, AD copy, Measuring the exact dimensions of the ad size I have selected.
- Please use my AD from the last issue of FOODSERVICE MONTHLY as is.
- Please use my AD from the last issue of FOODSERVICE MONTHLY with the changes discussed.
- I will be sending a new AD by the copy due date
- FOODSERVICE MONTHLY will create my AD.

**CONTRACT, AD COPY and ART due  
NO LATER THAN \_\_\_\_\_**

**CAMERA - READY AD's due  
NO LATER THAN \_\_\_\_\_**

Total Due \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_



**FIRST TIME ADVERTISERS MUST PRE-PAY FIRST AD**, after that you will be billed on a monthly basis. Billing is Net 15 day

I have read and understood the terms for advertising in FOODSERVICE MONTHLY as outlined on the Rate Card. I understand that once I have committed to space in FOODSERVICE MONTHLY, by signing this agreement, I am obligated to pay for the space for the duration of this agreement. I further understand that should any outstanding debt to FOODSERVICE MONTHLY necessitate collection through an attorney or collection agency, any and all collection cost including all reasonable attorney's fee will be added the balance due.

**Please Note:** If FOODSERVICE MONTHLY is assisting in production of your Ad, failure to respond to a faxed or mailed proof constitutes approval for publication.

In order to ensure that your AD appears in the correct issue and that you are billed at the proper rate, please complete and return one signed copy of this agreement promptly

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

FSM Associate \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_