



AGENCY VERIFICATION FORM

AGENCY

AGENCY NAME

SHIPPING ADDRESS

MAILING ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE NUMBER

FAX NUMBER

PRESIDENT

ACCOUNTING CONTACT

MEDIA BUYER

CLIENT

COMPANY NAME

SHIPPING ADDRESS

MAILING ADDRESS

CITY STATE ZIP

CITY STATE ZIP

PHONE NUMBER

FAX NUMBER

CONTACT

POSITION

INSERTIONS (Please check applicable box(es))

We will send insertion orders before the closing date of each issue.

Verbal insertion orders, changes and corrections are sufficient.

PUBLICATION POLICIES

All advertisements/insertions are subject to the terms and conditions outlined in the publication's current advertising rate card.

All artwork to be provided in digital format and received by the publication no later than 12:00 noon on the published artwork deadline. Failure to meet this deadline will result in insertion of artwork from a previous issue.

If payment has not been received by the due date, the ad will not be eligible for the agency discount.

AUTHORIZED SIGNATURE

DATE