



Please sign and fax this authorization form back to

204-480-4420

MediaEdge Representative

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CLIENT INFORMATION

Advertiser:

Address:

City/Prov./State:

Postal/Zip Code:

Phone:

Fax:

Email:

Contact:

INVOICE AGENCY

☐ Yes ☐ No

Agency Name:

Address:

City/Prov./State:

Postal/Zip Code:

Phone:

Fax:

Email:

Contact:

ADVERTISING INFORMATION AND SPECS COST AND DESCRIPTION

Size:

Shape:

Colour:

B&W:

Bleed:

** Guaranteed position:

Requested Position:

Purchase Order Number:

* Proof Charge:

TOTAL NET COST PER ISSUE:
(Plus applicable taxes)

APPROVED FOR THE FOLLOWING ISSUES:

INDEX INFORMATION

Company Name:

**As it is to appear in the Index to Advertisers:*

City/Prov./State:

Web Address:

Comments:

I have read and agree to the above listed terms for advertising with MediaEdge Publishing Inc.

Signature: _____

Title: _____ Date: _____

Note: All cancellations of ads must be received in writing to your MediaEdge Sales Executive before the material deadline date.

**Guaranteed Positions are non cancellable.

*Your first proof will be free of charge with a \$25.00 charge for any further proofs on that advertisement.