ORDER FORM

Fax to: 770-734-0883 Call: 866-832-3214

IMAGINE
ADVERTISING & PUBLISHING INC.

Headline Of Ad:		/ ID VERTISING &	r oblistming inte.
Store Name:	Contact:		
treet Address:			
City:	Sta	ite:Zip:	
hone:	Fax:		
E-mail Proof To:			
Desired in-home date:	refer to Imagine Advertising print schedule for order	deadlines and delivery dates	
	(Cancellation Fee, \$250 may apply for created proofs		
PAGE BROADSHEET O	R 4 PAGE TAB		
All orders i	■ 2 PAGE BROADSHEET OR ■ 4 PAGI on, printing <u>and</u> shipping to one location*) • 25K will be include initial proof and two sets of changes. Addition 6¢ ea ■ 36-60K - 5¢ ea ■ 61-91K - 4.5¢	oe shipped in cartons. Orders und nal changes \$125 each.	ler 50K - \$299 set-up
		QUANTITY	= \$
Mailbox distribution: Vericast 5.7	¢ ea (N,M,P)/ANNE distribution 6.75¢ ea *subje	ect to change QUANTITY@	¢ ea =\$
1/4 fold add \$7/M		QUANTITY@	
Additional Store copies (25 sent	as courtesy); 100-500 = \$30	QUANTITY@	
Additional Freight Drop			
Cartons \$3/M		QUANTITY @	\$3/M = \$
	Spider stand w/insert, 2: 22x28 window clings, 10 table tent		
POSTCARD			
_	charges may apply on multiple drops if minin	num is not met) Our rates are for	eaturation mailings only
	and shipping), 75¢ ea (printing, shipping, labeling & postage)		
Set-up = \$199			\$
· ·	nting & shipping), 60¢ ea (printing, shipping, labeling & posta	age) QUANTITY@	ea = \$
Set-up = \$179			\$
	CKAGE:		AIL MARKETIN
		TOTAL \$_	
NE BANALENT RECUIRES CALLANT	IDOT TILLE ORDERO		
PRE-PAYMENT REQUIRED ON ALL F			
Billing Name (Must match credit card state) Billing Address (Must match credit card stat	ment) ement)		
		nber	
xpiration Date CVV Code _	Authorized Signature		