

Advertisement Agreement

Date: _____

Company / Organization: _____

Contact Name: _____

Phone: _____

Email: _____

Billing Address: _____

City, State, Zip: _____

Please check correct boxes indicating color, size, placement and frequency of your ad:

Color B/W 1x 3x 6x

Size

Full
Half
Third
Quarter
Sixth (b/w)
Directory (6x)
Classified

Full page color special placement <input type="checkbox"/> Back cover <input type="checkbox"/> Inside front cover <input type="checkbox"/> Inside back cover
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Is this a Show or Appreciation ad? No

Beginning issue (month / year): _____

through issue: _____

I agree to the terms as shown on the Driving Digest Rate Card and this form.

Signature: _____

Classified Ad (20 words/\$15): _____

Contact

Ann Pringle
annpringle54@gmail.com
Phone: 910.691.7735

Driving Digest

P O Box 120
Southern Pines, NC 28388

567 Yadkin Rd.
Southern Pines, NC 28387

www.drivingdigest.com