

Otis Gazette Ad Order Form

P O Box 800, Otis, MA 01253-0800

Office: (413) 269-9909 Editor's Cell: (413) 717-0342 FAX: (413) 269-9912

Account Rep: Angelina Dubourg

DEADLINE: Publication is distributed the 1st week of each month. To ensure ad placement, ad copy must be submitted by the 15th of each month preceding insertion.

All copy received after the 15th will be held for the next month's issue.

Note: Please check our rate sheet! Order 6 consecutive ads, get a 10% discount!

Company Name: _____

Your Name: _____

Address: _____

Phone: _____ FAX: _____

Web Site: _____

Email: _____

(Email required for transaction processing confirmation.)

Ad Size: _____ Regular__ Wide__ or Tall__ (check one)

Month Starting: _____ Month Ending: _____

AD COPY is ATTACHED _____ AD COPY E-mailed _____

E-mail to Editor@Otis Gazette.com

Amount Due: \$ _____ [use Media Kit (or call us) to calculate]

Payment is via: _____ MC _____ Visa _____ AmExp _____ Discover

CARD #: _____ - _____ - _____ - _____
(MC, Visa, Discover 16 Digits w/3 Digit Security / American Express 15 Digits w/4 Digit Security)

3 or 4 Digit Security Code on BACK of card: _____

Expiration Date: Month: _____ Year: _____

Any Special Instructions: _____

Make checks payable to: *Otis Gazette*