

ADVERTISING INSERTION ORDER / INVOICE

Advertiser: _____ Billing Name: _____

Billing Address: _____

City, State, Zip: _____ Email: _____

Phone: _____ Fax: _____ Contact: _____

Ad Size: _____ Ad Description: _____

Date: _____ Account Rep: _____

| Run Date | Rate* | Position Request | Daily Cost |
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| Color | |
| Total Cost | |

* Rate is based upon the volume or number of insertions within an academic semester. Cancellation of contract will result in a rate adjustment based on past and subsequent insertions to reflect actual space used at the earned frequency or volume rate. Advertisers will be billed for the balance if they do not meet earned frequency or volume rate. In the event of nonpayment, the publisher reserves the right to hold the advertiser and/or agency jointly and severally liable for such monies as are due and payable to the publisher.

Advertising Authorized by (print name)

Signature authorizes the Daily Sundial to run ads requested above and the advertiser is responsible for all advertising charges on this insertion order. Advertising is prepaid unless prior credit is approved. Cancellations must be made 48 hours prior to the publication date your ad is to appear. Advertisers must assume liability for ad content and responsibility for any claims that may arise from their advertising.

Signature Date

Payment Information

Cash

Check

Check Number: _____

Credit Card

Visa or Mastercard #: _____ Exp. Date: _____

Card Holder: _____

Signature: _____