

EDIBLE COMMUNITIES® PUBLICATIONS



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Date: _____

Order #: _____

Advertiser: _____

Contact: _____

Street: _____ City: _____ State: _____ Zip: _____

Email: _____

Telephone: () _____ Fax: () _____

Billing Address (if different from above):

Street: _____ City: _____ State: _____ Zip: _____

Customer agrees to advertise in the following publications and issues:

Publication	Issue Season	Shape	Color	Bleed (+10%)	Pref Pos (+10%)	Design	Cost
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total cost current insertion: _____

Total cost insertion order: _____

| Payment Enclosed | Bill Full Amount | Bill each insertion (terms 30 days net) |

Special Instructions/requests/billing information: _____

Signatures:

Advertiser: _____ Date: _____

Edible Communities Rep: _____ Date: _____