

THE ATLANTA
VOICE

**Email To: advertising@theatlantavoices.com
(404) 524-6426 ext 15**

BILL TO: **The Atlanta Voice** **Special Editions**

Company Name _____

Contact Person _____

Address _____

City, State, Zip _____

Phone Number / Email Address _____

Client _____

PAYMENT INFORMATION			
Credit Card- Type _____	CC# _____	Exp. Date _____	CVV _____

Print Classified Digital

Insertion Date/s	Ad Caption	Ad Size	Ad Rate

TOTAL \$ _____

- This insertion order is a binding agreement with you the client, and The Atlanta Voice Newspaper. Payments of this order must be made in 30 days or within pre-specified time frame.
- Deadlines are one week prior to insertion
- Reservations | Insertion Orders and Ad Materials due Tuesday by 12 noon of the week of insertion.
- All Rates Are Net.
- Publication Day: Friday weekly

Client/Representative

Date