



# Media Inquiry Form

Date: \_\_\_\_\_

Client:: \_\_\_\_\_

Media Name: \_\_\_\_\_

Publisher: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Internet Site: \_\_\_\_\_

Circulation: \_\_\_\_\_ User Code: \_\_\_\_\_

Net Rate: \_\_\_\_\_

Deadlines: order: \_\_\_\_\_ materials: \_\_\_\_\_

Day/Dat Published: \_\_\_\_\_

Contact: \_\_\_\_\_

Credit Established?: Yes / No (if no, specify media requirements: \_\_\_\_\_

\_\_\_\_\_

Column widths or sizes:

	1	2	3	4	5	6	7	8	Full
ROP									

	1	2	3	4	5	6	7	8	Full
Classified									

Other information: