

THE INDEPENDENT LOCKSMITH JOURNAL:
SUBMISSIONS & CONTRACT FORM

Please fill out completely and sign. Incomplete information may delay production of your advertising.

CLIENT/AGENCY INFORMATION 1-15-09

ADVERTISER _____ AD CREATION CONTACT _____
CONTACT PERSON _____ COMPANY/AGENCY _____
E-MAIL ADDRESS _____ E-MAIL ADDRESS _____
PHONE NUMBER _____ PHONE NUMBER _____
FAX NUMBER _____ FAX NUMBER _____

ADVERTISING SPACE INFORMATION

AD NAME _____
SIZE: Full Page ____ 1/2 Horizontal Page ____ 1/2 Vertical Page ____ 1/4 Page ____ 1/8 Page ____
COLOR: FULL COLOR: ____, B&W: ____, FULL BLEED (full page ads only): ____.

ADVERTISING SUBMISSIONS

We request advertising in two formats. Send advertisements to Editor1@TILJonline.com in **PDF and JPG or PDF and TIFF**. Use PC formatting only where applicable. Additionally sending a hard copy on CD is highly recommended as the TILJ can not be held accountable for integrity issues caused by email. CD's should be mailed to: Don Dennis, Editor, 2035 Conklin Road, Limestone, TN 37681.

All ads must be received before the 15th day of the month proceeding the publication month.
ART DEADLINE EXAMPLE: Jan/Feb Issue artwork required Dec. 15

THE INDEPENDENT LOCKSMITH JOURNAL cannot be held responsible for the content and/or output from customer-supplied media if a hard copy is not provided. Any file manipulation required in order to make files output properly will be charged at the hourly rate of \$65. While every effort is made to handle your media with care, THE INDEPENDENT LOCKSMITH JOURNAL assumes no responsibility for the corruption of files and/or media itself.

START DATE, FREQUENCY, AND SIGNATURE & PAYMENT AMOUNT.

START DATE: __/__/__ MEDIA MUST BE RECEIVED 15 DAYS PRIOR TO PUBLISHING MONTH.

Frequency: _ X1 _ X2 _ X3 _ X4 _ X5 _ X6 _ X7 _ X8 _

COMPANY: _____

PRINTED NAME: _____

SIGNATURE: _____ DATE: __/__/__

Please return this copy along with your check to: AMOUNT OF PAYMENT \$ _____
PAYMENT: Billed 30 days prior to publication, net 2% 10, or full payment within 15 days after publish date.

Accepted by: _____ Date: _____

Signed: _____

Make checks payable to:

The Independent Locksmith Journal
PO Box 744
East Rochester, NY 14445 PH: 585-385-3896