

ORDER FORM



CAROUSEL SALES REP _____

COMPANY NAME _____

COMPANY CONTACT _____

COMPANY ADDRESS _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

PHONE _____

WEBSITE ADDRESS _____

SIZE AD PURCHASING: _____

PAYMENT:

DURATION: _____

(CHECK BOX)

TOTAL AMOUNT DUE: _____

☐

CHECK

CHECK NUMBER: _____

☐

CREDIT CARD

SEE BELOW TO ENTER INFO.

☐

CASH

MUST BE IN SEALED ENVELOP WITH RECEIPT.

☐

PAYPAL

SEND TO CAROUSELREVIVAL@GMAIL.COM

ARTWORK TO BE CREATED/ COMPLETED BY: _____

RESERVATION DEADLINE IS THE 21ST OF EVERY MONTH. DISTRIBUTION ON OR BEFORE THE 1ST OF EVERY MONTH.

Payment is required with a signed order form prior to the dates listed above. We accept cash, credit cards or checks made out to "Carousel Revival". Payments are non-refundable, and credit will be issued for errors for which the publisher is responsible. If ordering multiple months, full payment is required at the time of order to qualify for any discount. Installment plan billing by months is available to hold space but ads will be billed at the 1x rate. If multiple months are ordered at a discount, a credit card or pre-dated checks are required at the time of commitment. Deadline for all orders is the 20th of the month before publication if ad has to be created; the 23rd of the month if ad is print-ready copy. Ads must be in high-res (200+dpi) format, preferably as a .tiff, .jpf or .jpg and formatted for CMYK or Greyscale color. If advertiser is unable to submit in requested formats, please contact the advertising editor immediately at email address below.

The advertiser owns or controls all intellectual property rights to their advertisement and agrees to hold Carousel Revival, its agent and staff harmless from all liabilities, claims, losses or damage of any kind arising out of the publication of any ad submitted by or approved by the advertiser. Contents of all ads are subject to publisher's approval and acceptance. Publisher reserves the right to reject or cancel any advertising order. Special rates are available upon request for non-profit/charitable organizations.

PLEASE MAKE CHECKS PAYABLE TO:
CAROUSEL REVIVAL
P.O. Box 988
Binghamton, NY 13902
carouselrevival@gmail.com
(607) 444-2471

NAME ON CREDIT CARD _____

CARD NUMBER _____

EXP DATE _____

CVC CODE _____

ZIP CODE _____

BILLING ADDRESS: _____

BUYER SIGNATURE _____