



SCHOOL AD FULFILLMENT FORM

Business Name: _____

Phone Number: _____

Billing Address: _____



Authorized by: _____

Email: _____



Ad Copy Contact: _____

Ad Copy Email: _____



School Name: _____

Salesperson: _____

Product Type: _____

Ad Type: _____

Ad Cost: _____

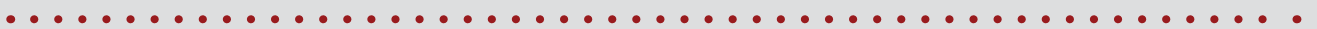


Payment Frequency: _____

Term Length: _____

Web Address: _____

Web Link for Ad: _____



Notes/Special Instructions: _____

Please complete form in it's entirety, scan, and remit to schools@mascotmedia.net.
For questions please call: 479.527.8640

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