

Advertising Insertion Order

Advertiser: _____

Contact Name: _____ e-mail: _____

Company Name: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

Website hyperlink:

What web address would you like listed on our web page? _____

Advertising Agency (if applicable):

Contact Name: _____

E-mail: _____ Agency name: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

**I authorize advertising or web ad insertion(s) in The African Business Journal or on
www.tabj.co.za in the following issue(s) or months - dates of insertions;**

January 2011 February 2011 March 2011 April 2011 May 2011 June 2011

July 2011 August 2011 September 2011 October 2011 November 2011 December 2011

Our Advertisement(s) will be; 4 Colour 2 Colour B&W

2 Page Spread Full Page ½ Page Horizontal ½ Page Vertical Quarter Page

Our Web Ad(s) will be;

313 x 90 px 209 x 200 px 209 x 107 px

Adverts and or Web Ads will run at the;

3 X Rate 6 X Rate 12 X Rate

The per ad rate (including any production costs) is; \$ _____

Special Position Request: _____

Other special instructions: _____

Billing Instructions; Direct to advertiser Through Advertising Agency

Authorized by; Advertiser Ad Agency

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

