

ADVERTISER CONTACT INFO:

Company name: _____ Trademark / Brand name: _____

Full mailing address: _____

Zip code: _____ City: _____

Phone: _____ Contact person: _____

Email: _____

Please specify the billing address if different from the advertiser's



RESERVED SPACE Ante Insulæ

Order contact person: _____

Date: _____

Issues #: _____

Advertiser: FAC FAP P4X

The advertiser's order form must be attached to the Commuter invoice

	Quantity	Issue # / season	Remarks	Total Euros
Double page				
Back cover				
Inside front or back cover				
Table of contents or Editorial front				
Full inside page (non Premium)				
Other				
TOTAL EUROS – Excluding taxes not subject to VAT				

ADVERTISING TERMS:

- Ad artwork must be sent to ... NO LATER THAN 48H BEFORE CLOSURE OF TARGET ISSUE (as PDF HD 300 DPI).
- Full page format: 198 x 280 mm WxH quadri front only + 5mm lost background.
- Double page format: 396 x 280 mm WxH quadri front and back + 5mm lost background.
- This order form must be signed and sent no later than 48 h before final closure of the issue at redaction@anteinsulæ.fr

PAYMENT TERMS:

- Certified check to Editions Ante Insulæ mailed to LES ÉDITIONS ANTE INSULÆ C/o SBH DOM – Carrefour Les 4 Chemins – Marigot – 97133 Saint-Barthélemy. The signed Order Form must be sent along with the check.
- Bank transfer, to Editions Ante Insulæ: IBAN > FR76 1131 5000 0108 0215 6373 208

Advertiser stamp and signature preceded by the date and the words "Read and approved".

Dated _____

THE COMMUTER

