ANCHOR

Email LIST RENTAL
INSERTION ORDER FORM

List Name:	

Anchor Contact:	I.O. Date:
Phone:	Client P.O. Number:
E-Mail:	Method of Delivery: Email Anchor Job # - Mail Date =
CLIENT BILLING CONTACT:	SEND COMPLETED ORDER TO: (if different from adjacent Client Contact):
Attention:	Attention:
Company:	Company:
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City, State, ZIP:	City, State, ZIP:
Phone #:	Phone #:
Fax #:	Fax #:
Email Address:	Email Address:

Input Quantity						Total $
Actual	Estimated	Selection Criteria		Cost /M	Minimum ($)	Actual ($)
			Shipping Charge:			
			Tax:			
			Other Charge(s):			
			TOTAL:			

Authorized Client Representative _____ Date _____

Name _____ Phone Number _____ Email Address _____