New Leaf Distributing Company Vendor/Product Information Form – Magazines

Please print legibly or type.

ublisher Name:		Account #:	(if you've assigned one to New Lea
Main Address:	Daves / Daves	nformation nent Address: if different from above.)	Returns Address (no PO Box): (You <u>must</u> provide a physical address for returns.)
Vebsite:			
Main Contact:			
hone #:			
Accounting Contact:			
Phone #:	_ Ext		
Returns Contact:			
Phone #:	_ Ext	Fax #:	
Promo Contact:		E-mail:	
Phone #:	_ Ext	Fax #:	
	Te	erms	
Discount: New Leaf's Discount is 55% off the cover price. reight: Paid by Vendor		Payments: New Leaf pays of Vendor Return: Affidavit.	on invoice.
	Product Ir	nformation	
Magazine Title:			
Bar Code:			
Number of Months an Issue Covers: Number of Issues per Year: Number of Days for Returns: Cover Price (\$):	_ (Ex.: If quarterly, ent _ (Ex.: If quarterly, ent _ When is last day we		ines for credit?
Visit http://www. newleafvendors.c	om/adoverview.nhp for	more information on the ad-	vertising entions available to you
ntroductory Packages		Additional Options	
You must choose one of the packages below and submit of Contract for each item selected to ads@newleaf-dist.com		☐ Enlightened Buyer \$1☐ Brand Spotlight \$250	
		☐ Enhanced Product De	Petail Page
☐ Initiation Package \$300			
☐ Take Me Higher Package \$600		☐ Web Ads (see rate ki	
_			ew Leaf Month Update

770.948.7845 (Main) / 678-398-6090 (Fax)