



ADS Classified Order Form

877-203-2327

Cassey@communitypublishers.com

Douglas@communitypublishers.com

Seller Information:

Seller's Name: _____

Publication: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Advertiser Information:

Name of Advertiser: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

ADS Rate Per Week: \$895 for up to 20 words. Each additional word is \$40.

Insertion Instructions

Total Words: _____

Insertion Start Date (Wednesday): _____

Insertion Stop Date (Wednesday): _____

Total # of Weeks Running: _____

Suggested Classification: _____

State Exclusions (if any): _____

Ad Copy (Insert Copy Here):

Circulation can vary for any ad that does not run in the full network due to publisher policies, advertiser choice, or state statute limitations. Advertisements for adoption, government grants, work at home, pharmaceuticals, dating, and all ads that do not include the full business name of the advertiser may receive limited circulation. Further, the advertiser acknowledges that once they purchase an ADS classified through an ADS member, they cannot purchase ADS advertising from any other ADS selling agent until the advertiser has been out of the ADS Network for a period of 90 days. Exceptions to this policy must be requested in writing and approved by the ADS Board of Directors. Further, the advertiser acknowledges and agrees that any dispute arising from purchasing advertising in the ADS program will be governed by New York law and that a competent court located in New York shall be the only proper venue for resolution of such disputes. Rev 1/19/21

Advertiser Signature: _____ Date: _____