

Package Media, Inc.

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## Clearance Request

Use this form to initiate a Clearance Request. Return it with 7 samples of the insert(s) you wish to place. Information on this form will also be used to create online tracking for you to view your order status.

Please print clearly. Provide all applicable information. This form can be duplicated to initiate Clearance Requests for inserts into any PMI managed program. Thank you for your cooperation.

### 1 Advertiser Details:

Company:  
Address 1:  
Address 2:  
City: State: Zip:  
Contact:  
Phone:  
Fax:  
Email:

For PMI use only.

RN:  
Date:  
CID:  
PID:  
Type:  
BID:  
AID:  
PMI Contact:

### 2 If you are a broker:

Company:  
Address 1:  
Address 2:  
City: State: Zip:  
Contact:  
Phone:  
Fax:  
Email:

### 3 If you are an agency:

Company:  
Address 1:  
Address 2:  
City: State: Zip:  
Contact:  
Phone:  
Fax:  
Email:

Please complete this form and return the original to us so we can create a tracking record.

**Important:** You must include a minimum of 7 sample pieces with this completed form. Please inform us immediately of any changes after submission of this form.

### 4 Program/Venue:

Headline:  
Offer:  
Size (W" x L"):  
Stock: Coated:  
Number of Panels: Weight per piece:  
Circulation: Number of Folds:  
History:  Test  Retest  Continuation Quantity Requested: Issue/Dist. Date:  
Segment Selects: Comments:

### 5 Completed by: Role: advertiser broker agency other: \_\_\_\_\_

Print Company Name:  
Print Your Name:

Print Your Title:

### 6 Signature: \_\_\_\_\_

### 7 Please return this original with samples to our address below.

#### Media Sales Management

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