

Insert RFP



Date: _____

Advertiser: _____

Agency: _____

Contact: _____

Address: _____

Billing Address (if different): _____

Phone: _____

Fax: _____

Email: _____

Quote Format: Spreadsheet PDF

Insert Type (check one):

FSI Tab-on/Post-It Polybag Other _____

FSI Insert Dimensions: _____

Tab Broadsheet

Number of Pages: _____

Rate Options (check one):

Open National (allows 15% agency comm.)

Local Retail

Zoning required? Yes No

Zoning Options (check one):

Zip Code Other _____

*Print quote available upon request.

Flight Day(s):

Sunday

Daily

Highest Circulation

Run Dates: _____

Will creative change over run dates? Y N

Affidavit Required? Yes No

Newspapers: _____

Comments/Special Requests: _____

Budget: _____

Due Date: _____

*Shipping addresses will be provided by CNA