

Postal Address: PO Box 582, Collins Street West, VIC 8007 Toll Free: 1300 80 40 33 Fax: (03) 9642 5046

e-mail: info@mc-news.com.au

Advertisement Space Form

Date:	Advertising Representative:		
Client Name:			
Company Name:			
Street:			
			Postcode:
Phone:	Fax:	E-mail:	
Special instructions:			
	set forth below and sha		arne City Newspaper the contract shall ne end of the week of the last ad
THIS CONTRACT IS GOO	DD FROM (date)	то	Total week/s
Ad Size:	(Ref our	price list).	
Rate:	_ Discount (%) :		
After discount Price (per e	dition):	Total amount	
Cancellation of this contr payment due upon cance		ion of ads run with a	ppropriate frequency rates applied,
Advertising Deadline: Ple preceding the published If changes to in-house de	ease note completed art edition. esign are involved please e & cost and following c	e note charge are \$4 harges will be charge	ed according to an hourly rate.
Client: Authorized Signati	 ure		MCN Representative
Date:	<u> </u>		Date:

Please Fax back on (03) 9642 5046 or e-mail to info@mc-news.com.au or return by post to P.O. Box 582, Collins Street West, VIC 8007