

COLLECTOR

2012 DISPLAY ADVERTISING ORDER FORM

Date _____

Advertiser name _____

Advertising agency _____

Address _____

Address _____

City, State, ZIP _____

City, State, ZIP _____

Telephone number _____

Telephone number _____

E-mail address _____

E-mail address _____

Contact _____

Contact _____

ACA International member account number _____

(Nonmembers must provide advance payment.)

Run my ad in the following months' issues of *Collector*: _____

CANCELLATION POLICY: If you wish to cancel your ad prior to the end of the specified ad run, you must submit a written cancellation notice prior to the published space reservation date (see *Collector* media kit). Cancellations submitted after this date will take effect the following month, and you will be charged as scheduled.

FIGURING YOUR AD RATE

Select the ad size and frequency you have chosen.

Space	<input type="checkbox"/> 1x	<input type="checkbox"/> 3x	<input type="checkbox"/> 6x	<input type="checkbox"/> 9x	<input type="checkbox"/> 12x	<input type="checkbox"/> 18x	<input type="checkbox"/> 24x
<input type="checkbox"/> 2-page spread	\$4,275	4,190	4,100	4,015	3,940	3,820	3,780
<input type="checkbox"/> Full page	\$3,010	2,950	2,900	2,855	2,795	2,745	2,695
<input type="checkbox"/> 2/3 page (vertical)	\$2,440	2,395	2,365	2,315	2,280	2,250	2,210
<input type="checkbox"/> 1/2 page (horizontal)	\$2,130	2,090	2,060	2,025	1,995	1,965	1,930
<input type="checkbox"/> 1/3 page (vertical)	\$1,825	1,790	1,770	1,750	1,725	1,705	1,685
<input type="checkbox"/> 1/3 page (square)	\$1,825	1,790	1,770	1,750	1,725	1,705	1,685
<input type="checkbox"/> Marketplace	\$1,200	1,200	1,140	1,140	1,115	1,115	1,090

Ad cost: \$ _____

- Premium space (cover/center spread), add 30 percent.
(Premium space is limited. Speak to ad sales rep before choosing this option.)

Base Cost Total: \$ _____

DISCOUNTS

- This ad is black and white and, thus, eligible for a \$750 discount.
- I am an ACA agency, asset buyer, attorney or creditor member and am eligible for a 20 percent discount.
- I am an ACA vendor/affiliate member eligible for a 5 percent discount.
- Advertising Agency Discount*:

I am an advertising agency eligible for a 15 percent discount.

* In order to obtain the advertising agency discount, *Collector* magazine must work only with the agency in all correspondence regarding the ad.

Total Discounts: -\$ _____

THE TOTAL MONTHLY

COST FOR THIS AD IS: \$ _____

(To figure Total Cost, subtract discounts from Base Cost. Make checks payable to ACA International Enterprises. Visa, MasterCard and AmEx are accepted.)

I understand that if I am not a member of ACA International (ACA), I must submit payment in full before any ads will be run. I understand that, if I am an ACA member, I will be invoiced by ACA International Enterprises and will be expected to pay within 30 days upon receipt of invoice. I understand that if ACA does not receive my payment within that time, future ads will not be run until ACA receives payment.

Please submit a copy of this form to ACA prior to the space reservation deadline for the issue in which you wish to run your ad. Specific page placement is not guaranteed (with the exception of paid "preferred" placement, such as covers and center spread). ACA reserves the right to refuse any ad.

Signature _____

Date _____

If you have any questions, please contact Mohanna & Associates at (972) 596-8777.
305 W. Spring Creek Pkwy., Bldg. C, Suite 101, Plano, TX 75023 ; Fax (972) 985-8069, info@mohanna.com

THIS FORM MUST BE SUBMITTED BEFORE ANY ADS WILL APPEAR IN COLLECTOR MAGAZINE.