REDITV NETWORK

Representative _____ ID # _____

Electronic Advertisement (E-Ad) Design Preference Form

..Please Print..

Name of Entity _____

Type of Business _____

Contact Name _____ Ph. # _____

Business Address	**Billing Contact** Ph.# _____
_____ Address	_____ Address
_____ Address Line 2	_____ Address Line 2
_____ City State Zip	_____ City State Zip

Electronic Ad Display (check all that apply)

[ ] Please design my E-Ad.

[ ] I am purchasing a Memorial E-Ad.

[ ] Please design my E-Ad using items from my website.

[ ] Please contact me concerning the design of my E-Ad at the number listed above.

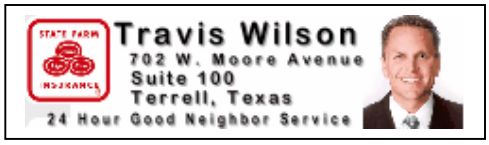
[ ] I will email my own design to design@reditv.net. (Dimensions are 234 X 60.)

[ ] I do not have a website, please create a web page for me on your network.

[ ] Please contact me for the entire process at the contact number listed above.

My Website URL is: _____

ACTUAL SIZE



Design Preference

Location To Display This E-Ad:

State _____

City _____

Area _____