ANNOUNCEMENT
ORDER FORM

Deadline: Monday @ 5:00 pm

Sales Rep #: _____ Account #: _____ ❑ New Account

Customer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date Entered: ___/___/___

❑ Engagement ❑ Anniversary ❑ Birthday

❑ Wedding ❑ Birth ❑ Retirement

NAME: _____

BODY COPY: _____

PHOTO:

❑ **Scanned**
File Name: _____
Production: _____ Date: _____

❑ **E-Mail to class.anoka@ecm-inc.com**
File Name: _____

❑ **On File**
File Name: _____

INTERNAL USE ONLY

Issue Date: _____

Weeks Running: _____

❑ Start Date: ____/____/____

DTI AD ID #_____