

**HACKENSACK UPPER MAIN ALLIANCE**  
**CO-OP PRINT ADVERTISING APPLICATION**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Application must include the following:**

- Name of Newspaper \_\_\_\_\_
- Sales representative contact information \_\_\_\_\_
- Anticipated ad size \_\_\_\_\_
- Anticipated advertisement date \_\_\_\_\_
- Anticipated total cost \_\_\_\_\_
- Choice of black and white, one color, or full color \_\_\_\_\_
- Proof of ad layout

Incomplete applications will not be considered. Reimbursement will only be distributed after proof of ad and invoice is submitted to the Upper Main Alliance office. Allow 3 to 4 weeks for reimbursement

\_\_\_\_\_  
Applicant Signature, Date

**SUBMIT TO:**

**HACKENSACK UPPER MAIN ALLIANCE**

**238 Main Street – Suite 110**

**Hackensack, NJ 07601**

**Tel: (201) 498-1690**

**Fax: (201) 498-1660**