



FAMDENT CONFIRMATION FORM

Name: _____

Designation: _____

Company Name: _____

Address: _____

Tel No: _____ Fax No: _____ E-Mail Address: _____

ADVERTISING IN FAMDENT

I/We would like to confirm the following advertisement space in FAMDENT Description (e.g. Back cover, Full Page, Half Page, Banner, Mailing Label etc). _____

To appear in (specify date of issue): _____

Ad material provided as (colour and resolution guarantee only if colour positive and progressive proof provided): _____

Special instructions/ requests (if any): _____

Amount per Ad: _____

Payment Terms: _____

INSERTS (provide details) _____

FAMDENT DDP CENTRE

No. Of Days : _____

Dates (Please give two options) : _____

Total Amount: _____ Advance Amount: _____

WEBSITE ADVERTISING (CONTACT FOR DETAILS) : _____

OTHERS _____

I/We approve above cost and authorize you to undertake the above jobs on our behalf.

I/We undertake to pay the bill for the same within 15 days of the Invoice Date.

I have read the terms and conditions and agree to abide by the same.

For _____

Authorized Signatory _____

Company Seal and Signature

Date: _____

Terms and Conditions

- Colour and reproduction guarantee only if ad is provided in one of the suggested formats and provided with progressive proof.
- All ad material must be accompanied by a high resolution colour printout.
- Ads once confirmed cannot be changed/cancelled. Modification and alteration possible only if the same are provided before the deadlines for each issue.
- Disputes, if any, are subject to Mumbai, India jurisdiction only.
- Famdent reserves the right to reject any ad at its discretion.
- Mail your ad/other material with the completed confirmation form to:



Famdent

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Mumbai- 400053, INDIA. Tel.: +91 22 65049697 / 26742425.

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