







AD INSERTION AUTORIZATION FORM

\ddress:					
City:				Zip Code:	
elephone:	Fa	ax:			
Authorized Name 8	& Signature:				
Sales Representati	ve:				
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ty:	State:		Zip Code:		
This is a legal Novedades News, ar	binding contract agreeme nd by signing we will mak	ent for adver e full paymo	tising services rend ent of the total amou	ered to nt specified.	
Cignoture	Authorized Person		Date		