



CHANGE ORDER FORM

Broadcasting, Print, & Programmatic Change Order Form

Change Order Date: _____

Sales Associate: _____

Sales Associate Email: _____

ADVERTISER CONTACT INFORMATION

Name Of Business Advertising: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

CHANGE ORDER DETAILS

PLEASE INCLUDE ANY AND ALL DETAILS RELATED TO THE CHANGE ORDER: _____

Any and all change orders must be agreed to in writing by WSIC and/or Lake Norman Woman Magazine. Electronic Signatures accepted. Any balances considered due prior to the change date of a campaign are still considered due until paid by Advertiser.

WSIC / Lake Norman Woman Representative Signature

Advertiser / Agency Representative Signature