

## **Information Sheet for Aquafacts Advertisers**

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

Advertising Contact Person: \_\_\_\_\_

Accounts Payable Personnel: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Ad Type: Black & White \_\_\_\_\_ OR Color \_\_\_\_\_

Ad Size: \_\_\_\_\_ Quantity: \_\_\_\_\_

**Contact information:**  
**Cheryl Kearns**  
**PO Box 487, 75 Bender Blvd.**  
**Claverack, NY 12513**  
**518-828-3155 ext. 10**  
**518-828-0582 fax**  
**kearns@nyruralwater.org**

**Please return this form with your advertising contract.**