



Stevens Equipment Supply Marketing Department Ad Request Form

945 Aldrin Drive, Eagan, MN 55121
T 651.452.0872 | F 651.452.7712
marketing@stevensequip.com

Company Information

Company Name: _____
Primary Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-Mail: _____
Website: _____
Social Media Sites: _____
Member of the BBB? Y N
NATE Certified? Y N
Do you have a company logo? Y N
If yes, please e-mail an electronic version to **marketing@stevensequip.com**

Advertising Information

Media Choices:

- Newspaper
Size of ad: _____
- Direct Mail
Size of card: _____
- Promotional Flyer
Size of flyer: _____
- Custom Literature
Size of literature: _____
- Other Please List: _____
- Color: Black & White Full Color

Main Messages:

Audience: _____

Product you wish to highlight within piece:

(Please include product model numbers, features and benefits, and pricing. Please send or attach any additional information, if needed.)

Specific Instructions:

Expiration Date: _____

(Please allow at least 2 weeks for project completion.)

Stevens Equipment Supply is not responsible for printing and/or printing costs. Please forwards any high resolution assets (.eps file preferred) to marketing@stevensequip.com.

For Internal Use Only:

Date Received: _____ Logo _____ Photos _____ Product Information _____
Project Start Date: _____ Project Finish Date: _____