



Video Ad Order Form

Contact Details:

Business Name: _____ Date _____

Web Address: _____

Work Phone: _____ Cell: _____ Fax: _____

Industry Segment/Category _____

Address: _____

City: _____ State: _____ ZIP: _____

Province: _____ Country: _____

Video Ad Order Submitted By: _____ Title: _____

Person Who Will Approve Video Ad: _____

E-mail: _____

Work Phone: _____ Cell: _____

Ad Length: 15-second ad 30-second ad

Type of Ad: Image Flash Video Video Clip Live Shoot Ad Template

Please Find My Script Attached: Yes No

Please Find My Logo Attached: Yes No

Are you planning to include any additional items?

Images Photos Illustrations Music Other

Ad Details:

Please describe the look and feel of your ad as well as specific ideas you want to communicate about your ad and the script:

Describe Product or Service:

Key Feature 1: _____

Key Feature 2: _____

Key Feature 3: _____

What sets you apart from the competition: _____

Any Awards or Recognition: _____

Do you have a Color Scheme or Company Colors? _____

Theme, Vibe or Feeling that your company portrays: _____

If you have not provided a script – do you have certain ideas or words you want included in the script that we will write for you?

For Voice over Recording please select:

Voice Talent: Male Female

Other Comments or Suggestions: _____

FILL OUT FORM AND FAX TO 815.301.9622