

metrotimes

NAME OF BUSINESS: _____

EMAIL: _____

ADDRESS: _____

SALES REP (IF APPLICABLE): _____

CITY AND ZIP CODE: _____

ADVERTISER (YES/NO): _____

CROSS STREETS OR LANDMAKRS: _____

REQUESTING BOX/RACK: **OUT OF STOCK**

CONTACT (MANAGER OR OWNER): _____

AUTO 1 BUNDLE START (REQUEST MORE? MARK HERE): _____

BUSINESS PHONE #: _____

WHERE TO PUT PAPERS: _____

BUSINESS FAX #: _____

WEDNESDAY OPEN HOURS: _____

Check mark below if you would like to distribute any of our special issues:

- Chronicle** (quarterly) **Annual Manual** (annually) **New Years Eve Guide** (annually)

Check mark below what type of business you are requesting our paper at:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Retail / Fashion | <input type="checkbox"/> Retail / Jewelers | <input type="checkbox"/> Retail / Home Furnishings | <input type="checkbox"/> Retail / Sporting Goods |
| <input type="checkbox"/> Retail / Electronics | <input type="checkbox"/> Retail / Other | <input type="checkbox"/> Business Office | <input type="checkbox"/> Public Service BLDG |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Bar / Nightclub | <input type="checkbox"/> Strip Club | <input type="checkbox"/> Coffee House / Donut Shop |
| <input type="checkbox"/> Bagel Shop | <input type="checkbox"/> College / Trade School | <input type="checkbox"/> University | <input type="checkbox"/> Outbox |
| <input type="checkbox"/> Apartment BLDG | <input type="checkbox"/> Music Store | <input type="checkbox"/> Video Store | <input type="checkbox"/> Book Store / Comic Store |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Gas Station | <input type="checkbox"/> Grocery / Drug Store |
| <input type="checkbox"/> Party Store | <input type="checkbox"/> Smoke / Head Shop | <input type="checkbox"/> Gym / Sporting Center | <input type="checkbox"/> Hospital / Doctor's Office |
| <input type="checkbox"/> Church | <input type="checkbox"/> Movie Theater | <input type="checkbox"/> Tattoo Parlor | <input type="checkbox"/> Beauty Salon / Barber Shop |
| <input type="checkbox"/> Library | <input type="checkbox"/> Art Gallery / Venue | <input type="checkbox"/> Music / Theatre Venue | <input type="checkbox"/> Automobile |
| <input type="checkbox"/> Health / Medicinal Store | <input type="checkbox"/> Adult Video / Book Store | <input type="checkbox"/> Bank / Credit Union | <input type="checkbox"/> Other: _____ |

You can mail or fax this back to Erica Grabski, 733 ST Antoine ST., Detroit, MI 48226 (313) 965-8405