

# metrotimes

NAME OF BUSINESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALES REP (IF APPLICABLE): \_\_\_\_\_

CITY AND ZIP CODE: \_\_\_\_\_

ADVERTISER (YES/NO): \_\_\_\_\_

CROSS STREETS OR LANDMAKRS: \_\_\_\_\_

REQUESTING INDOOR RACK (YES/NO): \_\_\_\_\_

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)                       **EAT** (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"/> Outdoor Box ( <i>OUT OF STOCK</i> ) |
| <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"/> Movie Theater            | <input type="checkbox"/> Tattoo Parlor            | <input type="checkbox"/> Automobile                | <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"/> Other: _____                        |
| <input type="checkbox"/> Health / Medicinal Store | <input type="checkbox"/> Adult Video / Book Store | <input type="checkbox"/> Bank / Credit Union       |  |

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