

Sales Advertising Proposal Form

Proposal Date: ____ / ____ / ____

Proposal Number: _____

Client Information

Business Name: _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

Advertising Package Details

Advertising Medium	Duration	Total Cost	Discount (if any)
TV Commercial			
Social Media Ads			
Print Media			
Other			

Campaign Strategy

- Brand Awareness Campaign
- Lead Generation Campaign
- Product Launch Advertising
- Other: _____

Expected Results & ROI

Terms & Conditions

- The Client agrees to provide all necessary materials before the campaign launch.
- Payments must be completed before the ad campaign begins.
- Cancellation must be requested at least ____ days before the scheduled launch.

Approval & Signatures

Client Name: _____ Signature: _____

Date: ____ / ____ / _____

Business Representative: _____ Signature: _____

Date: ____ / ____ / _____