



ADVERTISING AGREEMENT

Client Information

Client (Business): _____
 Agency (if applicable): _____
 Contact Person: _____
 Phone: _____
 Billing Address: _____
 City: _____ State: ____ Zip: _____
 Email: _____
 Website: _____

Payment Options

Check
 Credit Card: Mastercard Visa Amex
 Name on Card: _____
 Card number _____ CV Code _____
 Expiration Date: _____
 Billing Address: _____
 City: _____ State: ____ Zip: _____
 Bill Me (*net 15 days from date of publication*)

Space Reservation

Position: _____
 Publication Name: _____
 Size of Ad: _____
 Frequency: _____
 Rate per insertion: _____
 Special Instructions: _____

Insertion Dates

Pooler Magazine

___ January/February 20___
 ___ March/April 20___
 ___ May/June 20___
 ___ July/August 20___
 ___ September/October 20___
 ___ November/December 20___

Effingham Magazine

___ February/March 20___
 ___ April/May 20___
 ___ June/July 20___
 ___ August/September 20___
 ___ October/November 20___
 ___ December/January 20___

Confirmation of Agreement

By my signature below, I agree to all the terms and conditions of this contract. I further warrant that I have full authority to contract for the goods and services represented herein. I understand that failure to meet the terms of this contract will result in a pro-rated charge and/or a 10% cancellation fee for the remaining ads of the contract.

Client Authorization (signature): _____
 Title: _____ Date: _____

J. DeLSUR Marketing Group Representative: _____
 Title: _____ Date: _____

