

ADVERTISING AGREEMENT

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Contact Person:	Client (Business):	Check
Phone:	Agency (if applicable):	Credit Card: Mastercard Visa Amex
Billing Address: Expiration Date:	Contact Person:	Name on Card:
City: State: Zip: Billing Address: City: State: Zip: Billing Address: State: Zip: State: Zip: Bill Me (net 15 days from date of publication) Space Reservation Position: Pooler Magazine Publication Name: January/February 20 March/April 20 March/April 20 March/April 20 Size of Ad: July/August 20 September/October 20 November/December 20 November/December 20 November/December 20 September/October 20 November/December 20 April/May 20 June/July 20 August/September 20 October/November 20 December/January	Phone:	Card number CV Code
Email:	Billing Address:	Expiration Date:
Space Reservation Position: Publication Name: Size of Ad: Frequency: Rate per insertion: Special Instructions:	City: State: Zip:	Billing Address:
Space Reservation Position:	Email:	City: State: Zip:
Position:	Website:	Bill Me (net 15 days from date of publication)
Publication Name:	Space Reservation	Insertion Dates
Publication Name:	Position:	Pooler Magazine
Size of AG:	Publication Name:	
Frequency:	Size of Ad:	• •
Special Instructions:	Frequency:	
Special Instructions:	Rate per insertion:	
		November/ December 20
April/May 20	Special Instructions:	
August/September 20October/November 20December/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):		
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):		
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Client Authorization (signature): Date: J. DelSUR Marketing Group Representative:		'ge and/or a 10% cancellation fee for the remaining ads of
Title: Date: J. DelSUR Marketing Group Representative:	the contract.	
Title: Date: J. DelSUR Marketing Group Representative:	Client Authorization (signature):	
	J. DelSUR Marketing Group Representative:	



