

advertising agreement

Contract Length: 12 Month 6 Months Other From / Through /

A. Display/Print Ad

Ad Size _____ Resource Directory \$ _____
 Price/Month \$ _____ Discount \$ _____
 Subtotal \$ _____

B. Online Ad

Ad Type _____
 E-newsletter ad \$ _____
 Price/Month \$ _____
 Resource Directory \$ _____
 Less Print Advertiser 25% discount \$ _____
 Subtotal \$ _____

C. Integrated Ad Packages

Package TOTAL \$ _____

D. Print Ad Design (If Applicable)

one-time \$ _____ monthly \$ _____
 Subtotal \$ _____

Total of All Ad Placements

Payment in Full 5% Savings _____
 (6 and 12 month contract only)

1st month total

Ad fee _____ + Design Fee _____

2nd Month thru Term monthly \$ _____

GRAND TOTAL \$ _____

NOTES

Fill in contract form. Calculate your price in the worksheet area. Email in your print-ready ad or ad copy and graphics to Editor@NACHicagoNorth.com

***Signature** _____

Name _____ Date _____

Legal Business Name _____

Address _____

City _____ State _____ Zip _____

Ph (____) _____ Cell (____) _____

Email _____ Website _____

Payment via credit card only. We gladly accept:

 MasterCard  Visa  AmEx

**Must complete credit card authorization form.*

Credit card charges: Your account will be billed the 15th of the month prior to publication. All advertising must be prepaid. Fees may be imposed for declined credit cards if payment becomes a problem.

Broken contracts: Written notice is required 30 days in advance to cancel. Unearned discounts and an administrative fee of 25% of your monthly rate may be imposed on broken contracts and last minute cancellations. For collections, the client assumes all costs of collection, including, but not limited to court costs, interest and legal fees.

*** I agree to the terms of this contract. I understand cancellation penalties and payment policies. Sign above.**

I authorize *Natural Awakenings* to bill the card listed below as specified:

Amount \$ _____ Frequency: Monthly One Time

Credit Card # _____ Exp.: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

3 Digit Code _____ (from signature line on back of credit card)

4 Digit Code for AmEx _____ (on front of card)

Cardholder's Name (if different from above): _____

Cardholder's Signature: _____ Date: _____