



Display Advertising Contract

1821 Rutherford Lane, Suite 400
 Austin, Texas 78754
 Tel: 512-231-7400
 Fax - 512-231-7490

Date: _____ Advertiser: _____

Advertising Contact: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____

Agency: _____

Agency Contact: _____ Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Email: _____

Insertion Specifications

Display Space

- Full Page with Bleed
- Full Page Floating
- Inside Front Cover
- Inside Back Cover
- Back Cover
- 2/3 Page
- 1/2 Page Horizontal
- 1/2 Page Jr. Digest
- 1/3 Page V or H
- 1/4 Page

Color

- 4-color
- Black & White
- Black + 1 Color

Instructions

- New artwork each insertion
- Same artwork each insertion

Special instructions _____

Months of Insertions

- January 20 _____
- February 20 _____
- March 20 _____
- April 20 _____
- May 20 _____
- June 20 _____
- July 20 _____
- August 20 _____
- September 20 _____
- November 20 _____
- December 20 _____

Artwork Due

- December 4
- January 4
- February 4
- March 1
- April 3
- May 3
- June 4
- July 1
- August 1
- October 7
- November 4

Terms of Agreement

Payment: First time advertiser must make payment for first ad at time advertising materials are submitted.

Only print-ready artwork meeting publisher's design requirements will be accepted. Publisher reserves the right to repeat previous advertisement artwork if new copy is not received by artwork due date.

Cancellations: Cancellations will not be accepted after published closing dates.

Details

Total number of insertions ___ at \$ _____ per insertion.

Total amount of contract \$ _____

(totals include any applicable commissions and discounts)

Payment enclosed ___ yes ___ no

Billing

- Direct to advertiser
- Through agency listed above
- Charge credit card below for each insertion
- Tear sheet will be provided

Advertiser or Agency - Authorized Signature

This contract constitutes the entire agreement and understanding between the parties relating to the subject matter of the contract and rate card. The terms of this contract and insertion schedule set forth above may be changed only by a written agreement signed by all parties to this Contract. This contract is to be performed in Travis County, Texas.

FOR TML OFFICE USE ONLY

Business Check _____ \$ _____

Personal Check _____ \$ _____

Total \$ _____

Date Rec'd _____ Batch No _____

By _____ ID# _____

CREDIT CARD PAYMENTS

___ MasterCard ___ VISA ___ AMEX ___ Discover

Cardholder's Name _____

Card Number _____

Signature _____ Exp _____