



# 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

### Check Display Space Desired

- |   |  |
|---|--|
| <input type="checkbox"/> Back Cover         | <input type="checkbox"/> 1/2 page Jr. Digest |
| <input type="checkbox"/> Inside Front Cover | <input type="checkbox"/> 1/2 page H          |
| <input type="checkbox"/> Inside Back Cover  | <input type="checkbox"/> 1/3 page V or H     |
| <input type="checkbox"/> Full page          | <input type="checkbox"/> 1/4 page            |
| <input type="checkbox"/> 2/3 page           | <input type="checkbox"/> 1/6 page V or H     |

### Instructions

- |  |   |
|--|---|
| <input type="checkbox"/> 4-color       | <input type="checkbox"/> Black & 1 Color, PMS _____ |
| <input type="checkbox"/> Bleed         | <input type="checkbox"/> New copy each insertion    |
| <input type="checkbox"/> Black & White | <input type="checkbox"/> Same copy each insertion   |

Special position \_\_\_\_\_

Special instructions \_\_\_\_\_

### Months of Insertions

- |                                    |          |
|------------------------------------|----------|
| <input type="checkbox"/> January   | 20 _____ |
| <input type="checkbox"/> February  | 20 _____ |
| <input type="checkbox"/> March     | 20 _____ |
| <input type="checkbox"/> April     | 20 _____ |
| <input type="checkbox"/> May       | 20 _____ |
| <input type="checkbox"/> June      | 20 _____ |
| <input type="checkbox"/> July      | 20 _____ |
| <input type="checkbox"/> August    | 20 _____ |
| <input type="checkbox"/> September | 20 _____ |
| <input type="checkbox"/> November  | 20 _____ |
| <input type="checkbox"/> December  | 20 _____ |

### Artwork Due

- |            |
|------------|
| December 4 |
| January 3  |
| February 2 |
| March 1    |
| April 3    |
| May 3      |
| June 1     |
| July 3     |
| July 27    |
| October 3  |
| November 2 |

## Terms of Agreement

**Payment:** First time advertiser must make payment for first ad at time advertising materials are submitted. All ads must be paid within 30 days of invoice date.

Any artwork, pasteup, or typesetting services required for ad publication will be billed, in addition to the regular applicable rate, at the publisher's cost plus 10%. Publisher accepts no responsibility for copy changes. Publisher reserves the right to repeat previous advertisement if new copy is not received by final closing date.

**Cancellations:** Cancellation of any part of a contract voids all rate and position agreements. 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 \_\_\_\_\_