

Advertising Insertion Agreement, Contract & INVOICE - Payment due at time of insertion.

Company Name : _____

Authorized Representative: _____ Title: _____

Phone: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Accounting Dept Contact: _____ Title: _____

Phone: _____ Cell: _____ E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I, Authorized Representative: _____ agree to advertise in The Senior News newspaper, published by Thurston - Mason Council on Aging, and understand that payment is due at time of insertion.

Ad insertions are due the first day of each month, please circle insertion month:

Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.

and end _____, 20 ____ the ad size of _____.

The cost for each ad insertion shall be \$_____ per issue x _____ months, totaling \$_____.

Please Note: Discount rate only applies to the ad purchased for three months and shall run within those six months, with a signed contract, and receive and full payment in advance TOTAL \$_____

Preferred positions, limited space

Page 1, size of ad _____ cost of ad \$_____ x 20 % up charge \$_____ = Total \$_____

Page 2, and 3, page # _____ cost of ad \$_____ x 10 % up charge \$_____ =Total \$_____

Ad Design Billed extra at \$95.00 per hour with a minimum charge of \$50.00

Email ad in high-resolution PDFs (for newsprint) to seniornews@integra.net. For more information, contact Charlie Kirry at 360-586-3598.

Advertiser Signature: _____

Payment Method

You have the option to pay via credit card or by check. Please select your option and fill out any needed information.

Credit Card

All credit card payments shall have a 4% service charge.

Credit Card Authorization Payment (Please select the appropriate option.)

Please retain a copy of this completed form for your records and receipt.

Pay by Credit Card (Automatic Payment Program)

Mastercard

Visa

American Express

Discover Card

First Name: _____ Last Name: _____

Company Name on Card: _____

Address on the Card: _____

City: _____ State: _____ Zip Code: _____

Credit Card Number: _____

Exp. Date: Month: _____ Year: _____ Security code: _____

Check

Pay by Check

Make check payable to:

Senior News
PO Box 7624
Olympia, WA 98507

Thank you for advertising in the Senior News!