

directory advertising agreement

Contract: Directory Only 3 Months 6 Months 12 Months Dates: _____

A. Display Ad

Price/Month _____ 2nd Month through contract end _____
 Design _____
 Size _____ Notes: _____
 Calendar _____
 Premium Pos _____
 Other _____
 1st Month TOTAL _____ Other _____

B. Directory Listing

1, 2 or 3 _____
 Longer Term _____
 Category 1 _____ Category 3 _____
 Category 2 _____
 Directory TOTAL _____
 Monthly TOTAL _____

C. Special Packages

All Ad Packages are 12-Month Contracts

Premium Package 1 Premium Package 2
 Premium Package 3 Premium Package 4
 Standard Package 5 Standard Package 6
 Standard Package 7 Standard Package 8
 Event Package 9 Event Package 10
 Package TOTAL \$ _____

D. Business Profile

1/4 1/2 Writing
 1/3 Full TOTAL \$ _____

E. Current Advertiser Pricing

Display Advertiser
 Resource Guide Advertiser
 TOTAL \$ _____

Total of All Ad Placements

Add boxes A through E

GRAND TOTAL \$ _____

*Pricing is based on consecutive month placement in *Natural Awakenings* magazine or MileHighNaturalAwakenings.com. Prices listed are per month. Monthly electronic invoices are available upon request.

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 around the 15th of the month prior to publication.

All advertising must be prepaid.

Broken contracts: Unearned discounts and an administrative fee of 25% of your monthly rate may be imposed (minimum of \$20). Should this become a collection problem, 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.

Signature _____

Fill in contract form. Calculate your price in the worksheet area.

Email in your print-ready ad or ad copy and graphics to Directory@MileHighNaturalAwakenings.com. In-house-designed ad proofs will be sent via email.

Name _____ Date _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

Email _____ Invoice by Email

Website _____

MILE HIGH NATURAL AWAKENINGS

Publishers/Owners:

Terry Chriswell

Doug Zerbarini

PO Box 18581

Golden, CO 80402

ph. 303-770-1981

fx.303.991.6892

Directory@

MileHighNaturalAwakenings.com

natural
awakenings

credit card billing authorization

Mile High Natural Awakenings

PO Box 18581
Golden, CO 80402

Directory@MileHighNaturalAwakenings.com
MileHighNaturalAwakenings.com
Ph 303.770.1981 / Fax 303-991-6892

**Please print this form and fax it back to us.
All requested information is required.**

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

Amount \$ _____ Frequency: One Time _____
 Monthly _____
Please charge my credit card

Start billing on: _____ End billing: On contract expiration
(Today's date) One-time charge

Business Name: _____

Contact Name: _____

Contact Phone #: _____

Natural Awakenings accepts the following credit cards: Visa, MasterCard, American Express.

Credit Card # _____ Expiration: _____

Name as it appears on Credit Card: _____

Billing Address for Credit Card: _____

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 Signature: _____ Date: _____

natural
awakenings