

# ViewOn magazine

## ADVERTISING CONTRACT

Advertiser Business Name: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Business Address (if different): \_\_\_\_\_

Phone Number: (O) \_\_\_\_\_ (C) \_\_\_\_\_ (F) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

2019 - JAN/FEB  MAR/APR  MAY/JUN  JUL/AUG  SEP/OCT  NOV/DEC

ISSUE FREQUENCY/ COST: Single Run  6 Mo/3 Issues  1 Yr/6 Issues

Ad Size: \_\_\_\_\_ Preferred Placement: \_\_\_\_\_

Total due per insertion: \$ \_\_\_\_\_ Total contract price: \$ \_\_\_\_\_

Notes: \_\_\_\_\_

Client providing complete ad Ad due date: \_\_\_\_\_ Check #: \_\_\_\_\_

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By signing this document, I am attesting to the fact that I have read and fully understand the terms of this contract. I understand that this is a legal and binding contract and I have the legal authority to bind myself and/or the business I represent to the terms stated above. Faxes and copies are considered to be original documents.

Printed Name: \_\_\_\_\_ Ad Rep: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL ADVERTISEMENTS MUST BE PAID IN FULL 15 DAYS PRIOR TO MAGAZINE DELIVERY DATE.  
ALL PAYMENTS RECEIVED AFTER THE MAGAZINE IS ON THE STANDS WILL BE ASSESSED A 10% LATE FEE.**