

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: _____

2025- 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.**

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