

North Florida Media Service

386.719.1354 | paul@nfmservice.com

Office: 323 S. Marion Ave | Lake City, FL 32055

Billing: P.O. Box 624 | Lake City, FL 32056-0624

Display Advertising Contract

DATE: _____

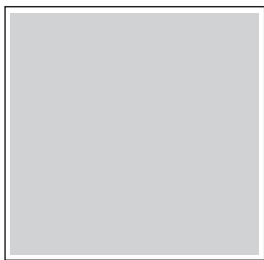
Company (Advertiser): _____

Contact Person: _____

Billing Address: _____

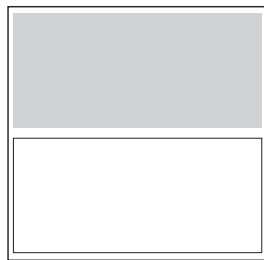
City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____



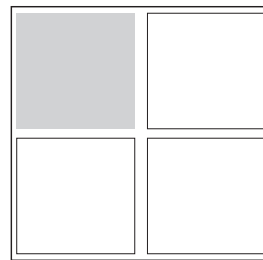
Full Page: 6.26" W x 9.26" T

\$595



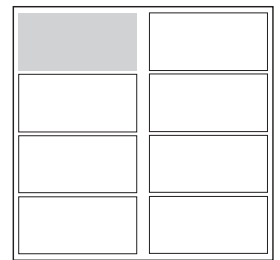
Half Page: 6.26" W x 4.57" T

\$250



Quarter Page: 3.07" W x 4.57" T

\$125



Business Card: 3.07" W x 4.57" T

\$65

Issue(s)

Display Ad Price \$

Special Placement Charge..... \$

Total Advertising Fee..... \$

Cash

Check **(Make payable to North Florida Media Service)**

Credit Card type _____

Credit Card#: _____ Exp Date: _____ 3-Digit Security Code: _____

Name of Cardholder (PLEASE PRINT): _____

Authorized Signature: _____

Required Signature

Signature

Date

Printed Name

Title

Special Instructions

Payment terms are Net 30 unless otherwise specified. **THANK YOU FOR YOUR BUSINESS!**