

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: _____

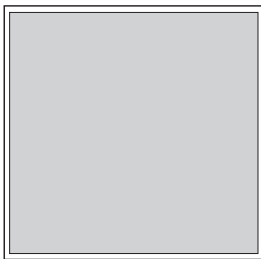
Company (Advertiser): _____

Contact Person: _____

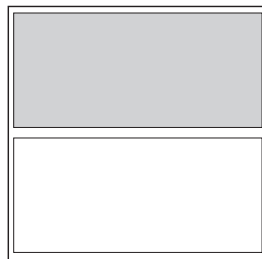
Billing Address: _____

City: _____ State: _____ Zip: _____

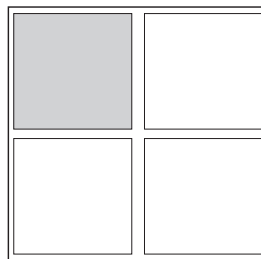
Telephone: _____ Email: _____



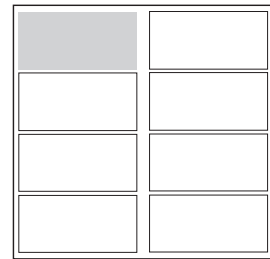
Full Page: 6.26"W x 9.26"T
\$495



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 DUE UPON RECEIPT. THANK YOU FOR YOUR BUSINESS!