

# 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

# THC Display Advertising Contract

DATE: \_\_\_\_\_

Company (Advertiser): \_\_\_\_\_

Contact Person: \_\_\_\_\_

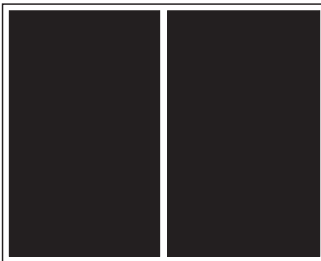
Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



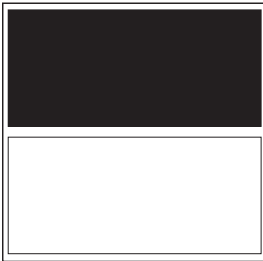
Cover: 7.75"W x 10"T  
**\$275**



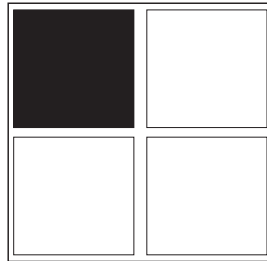
Double Truck (2 pages): 16.0"W x 10.12"T  
**\$525**



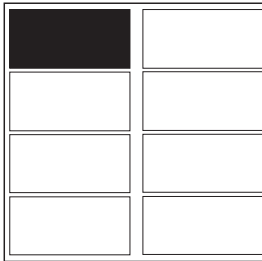
Full Page: 7.75"W x 10.12"T  
**\$245**



Half Page: 7.75"W x 5.0"T  
**\$125**



Quarter Page: 3.81"W x 5"T  
**\$60**



Business Card: 3.81"W x 2.44"T  
**\$35**

Issue(s) ..... \_\_\_\_\_

Display Ad Price.....\$ \_\_\_\_\_

Special Placement Charge.....\$ \_\_\_\_\_

Total Advertising Fee.....\$ \_\_\_\_\_

Special Instructions.....

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

Payment terms are upon receipt unless otherwise specified. **THANK YOU FOR YOUR BUSINESS!**