



# Advertising Agreement

25528 Aldine Westfield #122 • Spring, TX 77373  
Phone: 832-381-4290 • Fax: 901-284-8930  
info@kidstuffdirectory.com • www.KidstuffDirectory.com

*Thank you for choosing the Kidstuff Directory™. Please complete this advertising agreement and payment form, then return it via fax or mail to begin advertising in the Kidstuff Directory™.*

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

Company: \_\_\_\_\_

Package:	<input type="checkbox"/> Diamond <input type="checkbox"/> Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Bronze <input type="checkbox"/> Iron
Ad Size:	<input type="checkbox"/> Full <input type="checkbox"/> 3/4 <input type="checkbox"/> Half <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/8
Additional Options:	<input type="checkbox"/> Webpage <input type="checkbox"/> Online Coupon <input type="checkbox"/> Homepage Logo <input type="checkbox"/> Featured Advertiser <input type="checkbox"/> Email Sponsor <input type="checkbox"/> Dedicated Email <input type="checkbox"/> Front Cover <input type="checkbox"/> Back Cover
Edition(s):	<input type="checkbox"/> North Edition <input type="checkbox"/> Northwest Edition
Term:	Ad will run as specified*: _____ <small>*This term is automatically renewed unless canceled in writing. Early cancellation will be pro-rated at the shorter term rate.</small>
Rate:	\$_____ per month -or- \$_____ total
Billing:	Monthly - due by the 8th of the month prior to printing (First month due with ad approval or submittal)
Ad Change Deadline:	8th of the month prior to printing (dates posted on our website)
Ad Cancellation:	Written notice by the 5th of the month prior to printing
Comments:	_____ _____ _____ _____

**Thank you for the opportunity to serve you!**

Signature \_\_\_\_\_ Title \_\_\_\_\_

# Kidstuff Directory™

25528 Aldine Westfield #122

Spring, TX 77373

Phone: 832-381-4290

Email: ashley@kidstuffdirectory.com - Website: www.KidstuffDirectory.com

## Payment Agreement

Date _____	Phone # _____
Company _____	Fax # _____
Contact _____	Address _____
Email _____	City/St/Zip _____

## Credit Card Information

**Please Note:** Your credit card information is necessary to reserve your spot in the Kidstuff Directory™ and to establish your credit with us. If you choose credit as your method of payment, your credit card will be charged upon proofing and then on the 8th of each month prior to the month your ad will appear. **If you prefer to pay by check or cash, your credit card information and your signature will then be held on file and will only be used in the event of non-payment. In the event that your payment is not received by the 15<sup>th</sup> of the month, we are authorized by you to charge the total amount plus the \$15.00 Late Fee to your credit card on file.**

I prefer to pay by credit card and would like my credit card billed automatically each month. I have read the above and understand the above policies.

I prefer to pay by check or cash. Please send an invoice each month. I have read and understand the above policies.

Master Card  Visa  Amex  Discover

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Address (card billing address) \_\_\_\_\_

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

## Authorization

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