



Advertising Agreement

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Thank you for choosing the Kidstuff Directory™. Please complete this advertising and payment agreement (1 page), then return it via fax or mail to begin advertising in the Kidstuff Directory™.

Date: _____ Company: _____ Phone: _____
Contact: _____ Email: _____ Fax: _____
Website: _____ Address: _____ City: _____ Zip: _____

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					
Term (Issue Dates):	Ad will run as specified*: _____					
*This term is automatically renewed unless canceled in writing. Early cancellation will be pro-rated at the shorter term rate.						
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:	_____ _____ _____					
Deadlines:	Dec 8 for Jan/Feb Issue	Feb 8 for Mar/Apr Issue	Apr 8 for May/Jun Issue			
	Jun 8 for Jul/Aug Issue	Aug 8 for Sep/Oct Issue	Oct 8 for Nov/Dec Issue			

Payment Agreement: 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 15th of the month, we are authorized by you to charge the total amount due plus a \$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 and understand the above policies.

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

Credit Card Information: Visa Mastercard Amex Discover
Card # _____ Expiration Date _____ Security Code _____
Name (as it appears on card) _____
Billing Address _____ City _____ State _____ Zip _____

Thank you for the opportunity to serve you!

Authorization Signature _____ Title _____