

CONTRACT AGREEMENT / INVOICE



By and Between _____

& City Shopper Publications on Date: ____ / ____ / ____

City Shopper Sales Rep.: _____

PO Box 357 | Ventura, CA 93002
Ph. (805) 746-3520 | Fax (805) 640-1559
jill@gocityshopper.com

| MONTHLY COMMITMENT | ZONE | COST PER AD PER MONTH PER ZONE | AD SIZE |
|---|--|--------------------------------|--|
| <input type="checkbox"/> 1 Month | <input type="checkbox"/> Ventura <input type="checkbox"/> Oxnard/Camarillo | \$_____ per mo. per zone | <input type="checkbox"/> Full: 6" x 10.875" (*) |
| <input type="checkbox"/> 3 Month | <input type="checkbox"/> Conejo <input type="checkbox"/> Santa Barbara | \$_____ per mo. per zone | <input type="checkbox"/> 3/4: 5.375" x 7.325" |
| <input type="checkbox"/> 6 Month | <input type="checkbox"/> Ojai Valley (quarterly, 4x a year) | \$_____ per mo. per zone | <input type="checkbox"/> 2/3: 5.375" x 6.5" |
| <input type="checkbox"/> 12 Month | | \$_____ per mo. per zone | <input type="checkbox"/> 1/2: 5.375" x 4.825" |
| PRINT SERVICES | | \$_____ per mo. per zone | <input type="checkbox"/> 1/3: 5.375" x 3.125" |
| <input type="checkbox"/> Business Cards | <input type="checkbox"/> Brochures | \$_____ per mo. per zone | <input type="checkbox"/> 1/4: 5.375" x 2.2875" |
| <input type="checkbox"/> Post Cards | <input type="checkbox"/> NCR Forms | \$_____ per mo. per zone | <input type="checkbox"/> Cover: 6" x 10.875" (*) |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Door Hangers | \$_____ per mo. per zone | |

TERMS: Payment is due and payable prior to print of publication. A monthly service charge of 1%-1.5% (18 per annum) is applied to any balance unpaid after 15 days. Minimum charge of \$5.00. A \$30 fee will be applied to any returned checks. Cancelled ads are subject to charges of up to 50% of ad cost. Cancellations are not allowed after deadline. **CITY SHOPPER ASSUMES NO FINANCIAL RESPONSIBILITY FOR TYPOGRAPHICAL ERRORS, OMISSION OF COPY OR MISREPRESENTATIONS IN COPY. PUBLISHER'S LIABILITY OF ERRORS WILL NOT EXCEED THE COST OF THAT PORTION OF SPACE OCCUPIED BY SAID ERROR. CLAIMS FOR ADJUSTMENT MUST BE MADE WITHIN SEVEN DAYS OF PUBLICATION. PUBLISHERS RESERVE THE RIGHT TO REVISE OR REJECT ANY AD DEEMED UNSUITABLE FOR PUBLICATION.**

Bleed Specifications: Full Page Bleed 6.5x11.375, Trim 6x10.875, Safe Area 5.5x10.375. **Front Cover:** Please note that the Front Cover requires a 1.5" space at left for the City Shopper logo and a 1.25" space at top for the City Shopper Banner. (Bleed of images or background color may extend to edges, but all text, logos or images that shouldn't be covered need to remain within these specifications.)

Special Instructions:

(Please print your initials to acknowledge these terms.)

PAYMENT IS DUE & PAYABLE PRIOR TO PRINT PUBLICATION

Company _____

Name: _____

Address: _____

Phone #: (____) _____

Email: _____

Fax: (____) _____

MASTER CARD VISA AMEX DISCOVER CASH CHECK

CC Account# _____

Expiration Date: _____ Code: _____

Authorized Signature: _____

Print Name: _____

3% processing fee will be applied to all credit card transactions. Subject to change without notice.