

Best of 2020 Advertising Contract

OCEANSIDE

Business Information:

Company: _____
Contact: _____
Physical Address: _____
City: _____ State: _____ Zip code: _____
Billing Address (if different): _____
Business Phone: (____) _____ Cell/Mobile: (____) _____
Primary Email: _____

Ad Information:

Ad Size(s):

Note: All Display ads Include Enhanced Listing with Logo

- | | |
|---|---|
| <input type="checkbox"/> Premium Package | <input type="checkbox"/> 2-Page Spread (Not Center) |
| <input type="checkbox"/> Inside Front Cover | <input type="checkbox"/> 1/2 Page |
| <input type="checkbox"/> Inside Back Cover | <input type="checkbox"/> 1/4 Page |
| <input type="checkbox"/> First Page | <input type="checkbox"/> Enhanced Listing |
| <input type="checkbox"/> Page 3 (Premium) | <input type="checkbox"/> Enhanced Listing with Logo |
| <input type="checkbox"/> Full Page | |

Ad Source Options:

- Supplied by Advertiser
 Ad Build Service
 Pickup (*Renewing ads only*)

Ad Occurance:

- Annual Package
 One-Time Ad Selection

Payment Details:

Payment Plan: Total: \$ _____ - Paid Amount: \$ _____ = Balance Due: \$ _____

- Monthly
 Quarterly
 Annually

Method of Payment

- American Express MasterCard Visa Check Cash Bill me

Make Checks Payable to: Oceanside Chamber of Commerce

Advertisers Print Name: _____

Advertisers Signature: _____

Date: _____

Terms & Conditions of This Agreement

With an authorized signature above, the Oceanside Chamber of Commerce will treat this as a binding contract. The liability of the Oceanside Chamber of Commerce in the event of any printing errors or omissions (including total omission) is limited to the amount paid for the items that are omitted or in which the errors occur for the issue life of the publication. The Oceanside Chamber of Commerce reserves the right to refuse advertising and refund all payments for advertising refused. The Oceanside Chamber will not publish advertisements nor accept event sponsorships from any person or business selling or promoting products or services in violation of either state, federal, or local law, regulation or ordinance. An authorized signature indicates acceptance of these terms and conditions.

Credit Card Information (If applicable)

Card # _____ Exp. Date: _____ CVV: _____
Name on Card: _____ Street Address: _____ City, State, Zip: _____
Signature: _____ Date: _____