



Company: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Billing Address (if different): \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Ad Classification: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**Terms & Conditions of This Agreement**

With an authorized signature below, 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 Directory. Please keep the bottom of this form for your records. Return the white original to the Oceanside Chamber of Commerce. 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.

Ad Size \_\_\_\_\_  
 Additional Costs or Discounts  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_  
 \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_  
 Paid AMT. \$ \_\_\_\_\_  
 Balance Due \$ \_\_\_\_\_

**Make Checks Payable to: Oceanside Chamber of Commerce**  
 If Paying by Credit Card:  
 Account # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Security Code \_\_\_\_\_

**Method of Payment**  
 American Express  
 MasterCard  
 Visa  
 Check  
 Cash  
 Bill Me

Advertisers Printed Name: \_\_\_\_\_  
 Advertisers Signature: \_\_\_\_\_  
 Today's Date: \_\_\_\_\_

**Please Return Completed Form To:**  
 Oceanside Chamber of Commerce, ATTN: Pam Rumer 928 North Coast Highway, Oceanside, CA 92054  
 EMAIL: pam@oceansidechamber.com or FAX: 760-722-8336  
 Questions? Phone: 760-722-1534, ext. 105