

ADVERTISING AGREEMENT

Paul T. Brown



ADVERTISER'S INFORMATION:

NEW CLIENT RENEWAL

Business Name: _____ Contact: _____

E-Mail Address: _____ Web Site: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell Phone: _____

Billing Address (if different from above):

Please check one:

FULL COLOR AD SPOT COLOR AD BLACK AND WHITE AD

Please check one:

FULL PAGE AD 1/2 PAGE AD 1/4 PAGE AD

Please check issue(s):

WINTER ISSUE SPRING ISSUE SUMMER ISSUE FALL ISSUE

Advertising Rate: _____ Total Cost: _____

Notes:

Approved By: _____ Title: _____

Authorized Signature: _____ Date: _____

After completing and signing your ad agreement, **please fax to (334) 285-4959, ATTN: Marla Ruskin**