

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):

<i>Please check one:</i>	<input type="checkbox"/> FULL COLOR AD	<input type="checkbox"/> SPOT COLOR AD	<input type="checkbox"/> BLACK AND WHITE AD	
<i>Please check one:</i>	<input type="checkbox"/> FULL PAGE AD	<input type="checkbox"/> 1/2 PAGE AD	<input type="checkbox"/> 1/4 PAGE AD	
<i>Please check issue(s):</i>	<input type="checkbox"/> WINTER ISSUE	<input type="checkbox"/> SPRING ISSUE	<input type="checkbox"/> SUMMER ISSUE	<input type="checkbox"/> 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: Kimberly Moon**