

TOWNSEND LETTER

ADVERTISING AGREEMENT

911 Tyler Street • Port Townsend, Washington 98368-6541 USA
360/385-6021 • Fax 360/385-0699 • advertising@townsendletter.com

CLIENT INFORMATION

Company _____ Purchase Order # _____

Address _____

City/State/Zip _____

Ad Contact _____

Telephone _____ Fax _____ Email _____

Person Authorized to Approve Payment _____

Telephone _____ Fax _____ Email _____

SPECIFICATIONS

Ad Size _____ Ad Frequency _____

Beginning Issue _____ Ending Issue _____

Amount Per Ad _____

Prepayment is required for one-time ads, and new advertisers must prepay the first two months to reserve space. No exceptions

Check Sent Date _____

Visa/MC # _____ Expiration _____

We cannot accept American Express

Please Note: We require a Visa or MasterCard number on file which is valid for the period of time indicated by the advertising contract. We will not use the credit card unless you request its use. However, all advertising must be paid upon receipt of invoice. In the event that the advertisement is not paid upon receipt of invoice, the credit card will be charged for the advertising.

Reservation & Artwork Due Dates

November 2016 (#400).....	9/9/2016
December 2016 (#401).....	10/7/2016
January 2017 (#402).....	11/11/2016
Feb/March 2017 (#403/404).....	1/6/2017
April 2017 (#405).....	2/10/2017
May 2017 (#406).....	3/10/2017
June 2017 (#407).....	4/14/2017
July 2017 (#408).....	5/12/2017
Aug./September 2017 (#409/410)....	7/7/2017
October 2017 (#411).....	8/11/2017
November 2017 (#412).....	9/8/2017
December 2017 (#413).....	10/6/2017
January 2018 #414.....	11/10/2017

TERMS OF AGREEMENT

Client agrees to meet the agreed frequency requirements and pay for ads upon receipt of invoice. If Client fails to meet the minimum insertion frequency required to qualify for the discounted rate quoted above, or if Client fails to pay for ads in full upon receipt of invoice, Client agrees that the discount shall be forfeited and Client shall pay for all current, previous, and future advertising hereunder at Publisher's uncontracted rate (the one-time rate). Any prior advertising billed at the discounted rate will be rebilled at the uncontracted rate. In addition, a late fee of \$25 and a 1.5% per month outstanding account charge shall apply if payment is not received by Publisher within 15 days of the invoice date (not the date of the magazine issue. Example: October issue billing is due at time of invoice in September, not October). Client agrees to pay Publisher's costs and attorneys' fees if collection action is instituted. Cancellations or ad changes must be made by Publisher's ad deadline or the same ad will continue to run. Ads must be pre-approved and must meet Publisher's size dimensions. Publisher has the right to refuse any order. In the event of non-payment of advertising for 90 days, accounts will be subject to 33% service fee and will be turned over to collection agency.

NOTE TO NEW ADVERTISERS: To reserve space in the *Townsend Letter* prepayment is required. If contracting for a one-time ad, payment is required with your reservation. If contracting for multiple ads prepayment is required for first two issues with reservation. If you prefer to pay with a check, we ask that you guarantee payment by Visa/Mastercard. Your card number will be held until payment by check is received. In the event check is not received your card will be charged. All ads require prepayment for each issue by check or Visa/MC.

ACKNOWLEDGEMENT AND AUTHORIZATION

The undersigned verifies the accuracy of all the information contained in this contract and authorizes any credit reporting agency or other third party to release any personal or company information concerning the undersigned's credit standing to Townsend Letter for Doctors & Patients, Inc. The advertiser agrees that TLDP, Inc. may accept a facsimile copy of this contract agreement as an original, and that facsimile copies of customer's signature will be treated as original and will be admissible as evidence of this contracted agreement or other document delivered by facsimile.

Client Signature _____ Date _____

Client Name (please print) _____ Title _____

Signature of President/Person Authorized to Approve Payment _____

Special Instructions

Vertical lines for special instructions.