

THE SIGNAL ADVERTISING

Advertising Contract

Name of Company: _____

Contact Person: _____

Street Address: _____

City State Zip

Billing Address: _____

City State Zip

Telephone Number: _____ Fax Number: _____

ADVERTISEMENT SLUG: _____

AGREED PRICE: _____

AD SIZE: _____

PUBLICATION DATE: _____

NUMBER OF RUNS: _____

**Payment due prior to publication date
unless prior arrangements have been made.**

I fully understand and agree to all of the conditions above:

Name

Signature

Date