

IDAHO HEALTH GUIDE

13576 N. 105 E.
Idaho Falls, ID 83401
(208) 403-4705

Advertising Agreement

COMPANY NAME:	OFFICE #
CONTACT:	FAX#
ADDRESS	CELL #
	CATEGORY
CITY, STATE, ZIP:	ALT CATEGORY
WEB ADDRESS	EMAIL ADDRESS

PRINT AD RATES

PRINT AD SIZE:

- FULL PAGE-**\$500** (5.75 x 8.75 please see media card for information)
- HALF PAGE -**\$325** (4.833 X 3.833)
- QUARTER PAGE-**\$175** (2.35 X 3.833)
- PREMIUM POSTION-Based upon availability
- DESCRIPTION _____
- AD DESIGN \$30-\$50

(All print ads get one free directory listing online ad)

INTERNET AD RATES

One Year= **\$25** (Directory Listing Only)

- ROTATING BANNER (Home Page) **\$10** a month

BILLING OPTIONS

ANNUALLY _____ MONTHLY _____

Undersigned affirms they have read and agree to the terms and conditions on the back of this contract. The undersigned warrants that he/she is authorized to execute this contract for the advertiser as indicated above I authorize Idaho Health Guide to receive payments for the Credit Card payments option selected on this form or any payments or fees that accrue on my account as noted herein.

PRINT AD RATE \$ _____

INTERNET AD RATE \$ _____

AD DESIGN \$ _____

DEPOSIT \$ _____

BALANCE DUE \$ _____

CREDIT CARD# _____

EXP _____ SECURITY CODE _____

NAME ON CARD _____ ZIP CODE _____

DATED THIS _____ DAY OF _____ 20 _____ BY _____

AUTHORIZED SIGNATURE

ADVERTISERS AUTHORIZATION _____ **DATE** _____

PRINTED NAME _____ TITLE _____

The above signed in consideration of the delivery of advertising to the above company, agree personally to assume any liability incurred by the above company and guarantees that payment(s) will be made strictly according to the terms set forth herein. In the even of default, the guarantor agrees to apply interest as stated herein, together with the court costs and reasonable attorney's fees.