

HOPKINTON INDEPENDENT

ACCOUNT INFORMATION

Business Name: _____ Contact Person: _____
 Email: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Fax: _____

CONTRACT TERMS

Discount Schedule: 3 Month 6 Month 12 Month *<-- Our Best Offer!*

Additional Discounts: Partner Program Print Advertisers _____
 Prepay 5% on 12-month commitment

Ad Position: Premium Header In-Article Bottom-Article
 Sidebar Events

Start Date: _____

Additional Information: _____

HopkintonIndependent.com will publish all online advertisements according to the schedule you, the customer, select. If no copy is made available an agreed upon standard advertisement will be run to fill the space and the same payment schedule will apply. Hopkinton Independent reserves the right to cancel this contract at any time without financial penalty to the advertiser.

PAYMENT TERMS

Payment for the first month's placement is due at the signing of the contract. All future invoices are net 30 days subject to credit approval. A 1.5% monthly finance charge will be assessed on amounts past due. Defaulting on a contract will result in a \$50 cancellation fee. Any discounts applied during the contract period will be charged back to the client.

I would prefer to be invoiced for my advertising (check one) Email address above Postal address above

I will use a credit card to pay for advertising (check one)   

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVC#: _____

Billing Address for Card: Same as above As listed on the line below

The undersigned acknowledges that they have read and accept the contract terms stated above. Your digital signature (typed name), above and below, authorizes the acceptance of this agreement and use of the credit card provided.

Customer Signature: _____ **Date:** _____

Printed Name: _____ **Ad Rep:** *Susanne Odell Farber*